



PROFESSIONAL DEVELOPMENT EVALUATION FORM
GIFTED/TALENTED PROGRAMS

Submit to:
Instructor/Facilitator
DO NOT FAX

Presenters/Providers please fill in prior to training.			
			School Year: _____
			Local District: _____
Sponsor:		Presenter:	
Location:		Date:	Time:
Title of Session:			
Performance Outcome:			
Level of Training:	* Awareness	* Application	* Skills Development
* Mastery			

As a participant my level of knowledge prior to training was:

- | | | | |
|---|--|--|--|
| <p>* None
No knowledge or skill in necessary to the specific area.</p> | <p>* Awareness
A basic knowledge with little to no skill in the specific area. necessary to demonstrate</p> | <p>* Demonstration
Knowledge and skills in the specific area.</p> | <p>* Mastery
Knowledge and skills demonstrate competency, competency, and mentor.</p> |
|---|--|--|--|

Position (Check all that apply)	Level	Employment Status
* GATE Teacher	* Elementary	* Permanent
* GATE Coordinator	* Middle School	* Probationary
* Principal	* High School	* Provisional
* Assistant Principal	* SAS Teacher	* _____
* Counselor		* Emergency
* Psychologist		
* AP Teacher		
* Parent		
* Student		
* SAS Coordinator		
* District Support Staff		

Strongly Disagree Strongly Agree
Disagree Undecided Agree

- | | | | |
|---|---|---|---|
| 1. The goals and objectives of this session were clearly stated | * | * | * |
|* | | | |
| 2. The content was presented using a variety of learning modalities | | * | * |
|* | | | |
| 3. The time was carefully planned and used effectively | * | * | * |
| 4. Presenter(s) was/were well prepared..... | * | * | * |
| 5. Presenter(s) integrated practical application of the content | | * | * |
|* | | | |
| 6. This content, concept, and philosophy are supported at my work site..... | * | * | * |
| 7. The session increased my knowledge level in this area | | * | * |
|* | | | |
| 8. I will use the skills and concepts presented to support the learning of all students and/or staff..... | * | * | * |



**LOS ANGELES UNIFIED SCHOOL DISTRICT
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9. This topic was effective in supporting my professional growth * * *
- * *
10. The theme "meeting the needs of all learners" was embedded through- * * * * *
- out the presentation.....

DUPLICATE PROFESSIONAL DEVELOPMENT EVALUATION FORM BACK-TO-BACK BEFORE DISTRIBUTING.



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PROFESSIONAL DEVELOPMENT EVALUATION

11. Describe one way you will use this information/learning in the upcoming month.

Recommend modifications to the course/session that would enhance your learning.

If

you would like additional information on this subject, please be specific and list below, including how we can contact you.

Suggestions for speakers:

OPTIONAL

Name:		Date:	
School:		Position:	
Home Address:		City:	ZIPCode:
State: CA			
School Phone No.: ()	ext.:	Home Phone No.: ()	
e-mail:			

SwivelPro(Word)\InsideLAUSD:ProfDevelEvaluation-2

Check appropriately:

- years teaching gifted students
- years coordinating the gifted program