



# Illinois State Board of Education

100 North First Street, E-240  
Springfield, Illinois 62777-0001



## EVALUATION FOR WORKSHOP, CONFERENCE, SEMINAR, ETC.

### EDUCATOR EFFECTIVENESS DEPARTMENT

**DIRECTIONS:** Please complete and return this form to the presenters of the professional development activity. Providers must retain this form for a minimum of six years for ISBE auditing purposes.

TITLE OF PROFESSIONAL DEVELOPMENT ACTIVITY

DATE

LOCATION (Facility, City, State)

NAME OF PROVIDER

**1. Indicate the outcome(s) of this professional development. (Check all that apply)**

- ☐ Increased the knowledge and skills of school and district leaders who guide continuous professional development.
- ☐ Will lead to improved learning for students.
- ☐ Addressed the organization of adults into learning communities whose goals are aligned with those of their schools and districts.
- ☐ Deepened participants' content knowledge in one or more content (subject) areas.
- ☐ Provided participants with research-based instructional strategies to assist students in meeting rigorous academic standards.
- ☐ Prepared participants to appropriately use various types of classroom assessments.
- ☐ Used learning strategies appropriate to the intended goals.
- ☐ Provided participants with the knowledge and skills to collaborate.
- ☐ Prepared participants to apply research to decision-making.
- ☐ Provided educators with training on inclusive practices in the classroom that examines instructional and behavioral strategies that improve academic and social-emotional outcomes for all students, with or without disabilities, in a general education setting.
- ☐ Provided educators with training on the physical and mental health needs of students, student safety, educator ethics, professional conduct, and other topics that address the well-being of students and improve the academic and social-emotional outcomes of students.
- ☐ None of the above describe the effects of this professional development.

**2. Identify those statements that directly apply to this professional development. (Check all that apply)**

- ☐ Activities were of a type that engaged participants over a sustained period of time, which allowed for analysis, discovery, and application as they relate to student learning, social or emotional achievement, or well-being.
- ☐ This professional development aligned to my performance as an educator.
- ☐ The outcomes for the activities relate to student growth or district improvement.
- ☐ The activities offered for this event aligned to state-approved standards.
  - ☐ Professional Development Standards
  - ☐ Illinois Content Area Standards
  - ☐ Professional Educator Standards
  - ☐ Illinois Professional Leader Standards
- ☐ This activity was higher education coursework.
- ☐ None of these statements apply to this professional development.

**3. Write the number (4 to 1) for each statement below that best describes how you feel about your experience in this professional development.**

4 – Strongly Agree    3 – Agree    2 – Somewhat Agree    1 – Disagree

- \_\_\_\_\_ A. The outcomes of this professional development were clearly identified as the knowledge and/or skills that I should gain as a result of my participation.
- \_\_\_\_\_ B. This professional development will impact my professional growth or student growth in regards to content knowledge or skills, or both.
- \_\_\_\_\_ C. This professional development will impact my social and emotional growth or student social and emotional growth.
- \_\_\_\_\_ D. Overall, the presenter appeared to be knowledgeable of the content provided.
- \_\_\_\_\_ E. The materials and presentation techniques utilized were well-organized and engaging.
- \_\_\_\_\_ F. The professional development aligned to my district, school, or organizations improvement plans.