



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 (6) years for ISBE auditing purposes.

TITLE OF PROFESSIONAL DEVELOPMENT ACTIVITY SEESAW TRAINING IN-PERSON/VIRTUAL	DATE 8/6/20
LOCATION (Facility, City, State) SCHRUM MEMORIAL MIDDLE SCHOOL	
NAME OF PROVIDER HS SCHOLOGY TRAINERS	

- 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
 - None of the above describes the effects of this professional development
- 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 allowing 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.
- For each statement below, write the number (4 to 1) 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 or school improvement plans.