



# PROJECT LEARNING TREE® PROFESSIONAL DEVELOPMENT EVALUATION



Date(s): \_\_\_\_\_ Location (Site, City, State): \_\_\_\_\_

Facilitator(s): \_\_\_\_\_

**Directions:** Please read each statement and select the response that best describes your experience.

	Disagree		Neutral		Agree	Not Applicable
<b>Setting</b>						
1. The amenities at the workshop location met my needs.	1	2	3	4	5	n/a
2. The workshop setting was conducive to my learning.	1	2	3	4	5	n/a
<b>Materials</b>						
3. The PLT guides(s) addressed the academic standards that are important to my school or audience.	1	2	3	4	5	n/a
4. The PLT guide(s) helped me to learn the content.	1	2	3	4	5	n/a
5. Doing the PLT activities during the workshop helped me to learn the content.	1	2	3	4	5	n/a
6. The information presented helped me to learn the content.	1	2	3	4	5	n/a
<b>Facilitator</b>						
7. The facilitator demonstrated respect for all workshop participants.	1	2	3	4	5	n/a
8. The facilitator appeared to be knowledgeable about PLT and its activities.	1	2	3	4	5	n/a
9. The facilitator appeared to be knowledgeable about the session content.	1	2	3	4	5	n/a
10. The facilitator was prepared.	1	2	3	4	5	n/a
11. The facilitator effectively demonstrated how to conduct each activity.	1	2	3	4	5	n/a
12. The facilitator asked review questions at the end of each activity.	1	2	3	4	5	n/a
<b>Overall</b>						
13. The workshop was fun.	1	2	3	4	5	n/a
14. The workshop met my needs.	1	2	3	4	5	n/a
15. I felt engaged throughout the workshop.	1	2	3	4	5	n/a
16. I plan to use PLT with my students within the next 3 months.	1	2	3	4	5	n/a
17. I would like to participate in additional PLT professional development.	1	2	3	4	5	n/a

**Comments:**

**Optional:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_