



FDLRS Florida SIM® Initiative SIM PROFESSIONAL DEVELOPMENT EVENT EVALUATION

Title: _____ Professional Developer(s): _____

Date(s): _____ Location: _____

	SIM EVENT EVALUATION FORM	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Planning	1. Attendance at this professional development meets my professional growth interests and objectives.					
	2. The agenda topics are relevant to my current position.					
Learning	3. The professional development was successfully delivered and modeled effective instructional practices while respecting adult learning theories.					
	4. The professional development learner outcomes were clearly communicated, presented, and accomplished.					
Content	5. The content was logical and contained adequate detail.					
	6. The information was clear.					
	7. The right amount of examples were used.					
	8. As a result of this professional development, I have sufficient background knowledge to effectively problem solve questions regarding implementation of the Routine, Strategy or Strateroutine.					
	9. The Routine, Strategy or Strateroutine presented will be useful in my classes or work environment.					
	10. The feedback and activities provided by the presenter(s) helped me better understand the concepts of the Routine, Strategy or Strateroutine.					
Implementing	11. I plan to implement the SIM Routine, Strategy or Strateroutine learned during this professional development to impact my classroom instruction and student achievement.					
	12. I plan to access and utilize materials and resources provided during this professional development to enhance my classroom instruction and improve student achievement.					
	13. I plan to participate in the follow-up sessions scheduled after this initial session.					
Evaluating	14. I believe this Routine, Strategy or Strateroutine will have a positive impact on student performance.					



© Florida Department of Education 2008	Never					Always
	1	2	3	4	5	6
17. To what extent will you use what you learned from the training?						
18. To what extent will you recommend the training to others?						

19. Why did you choose to use this Content Enhancement Routine, Learning Strategy or Strateroutine with your students? Describe the grade level, subject area and other important information about the class you selected. What specific problems with student learning have you observed that might be helped by this Content Enhancement Routine, Learning Strategy or Strateroutine?
20. Describe the assessments or assignments you will use to collect data on the impact of this Content Enhancement Routine, Learning Strategy or Strateroutine.
21. Do you need additional support and/or training? If so, please provide further information:
22. Please list any additional comments, questions, concerns, and/or suggestions.

Thank you for your feedback!