



PRIME Professional Development Evaluation Title: _____

Date: _____ Instructor(s): _____

We value your feedback! Thank you for taking the time to give it to us.

Please indicate your role: K-2 Teacher 3-5 Teacher 6-8 Teacher 9-12 Teacher
 Teacher-Leader Other-Please specify: _____

Please indicate your choice for each item below and add any comments you wish.

- | | Agree | | Disagree | | |
|--|-------|---|----------|---|---|
| | 5 | 4 | 3 | 2 | 1 |
| 1. The goals or outcomes of the session(s) were clear to me. | 5 | 4 | 3 | 2 | 1 |
| 2. The goals or outcomes were met. | 5 | 4 | 3 | 2 | 1 |
| 3. The session was engaging and held my interest. | 5 | 4 | 3 | 2 | 1 |
| 4. My conceptual understanding of math principles increased. | 5 | 4 | 3 | 2 | 1 |
| 5. My understanding of how students learn math increased. | 5 | 4 | 3 | 2 | 1 |
| 6. I have ideas for new instructional strategies to implement. | 5 | 4 | 3 | 2 | 1 |
| 7. My experience and knowledge were respected and valued. | 5 | 4 | 3 | 2 | 1 |
| 8. Overall, this professional development activity was valuable. | 5 | 4 | 3 | 2 | 1 |
| 9. To further support my math learning and teaching, I need: | | | | | |