



# 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 <b>SCHOOLGY TRAINING IN-PERSON/VIRTUAL</b>	DATE <b>8/6/20</b>
LOCATION (Facility, City, State) <b>SCHRUM MEMORIAL MIDDLE SCHOOL</b>	
NAME OF PROVIDER <b>HS SCHOOLGY TRAINERS</b>	

- 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.