



# PROJECT LEARNING TREE<sup>®</sup> PROFESSIONAL DEVELOPMENT EVALUATION

Date(s):  Location (City, State):

Facilitator(s):

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

<b>Setting</b>	Disagree	Neutral	Agree	Does Not Apply
1. The workshop location was easy for me to get to.	1	2	3	4 5 n/a
2. The amenities at the workshop location met my needs.	1	2	3	4 5 n/a
3. The workshop setting was conducive to my learning.	1	2	3	4 5 n/a

<b>Materials</b>	Disagree	Neutral	Agree	Does Not Apply
4. The PLT guides(s) meet the academic standards important to my school or audience.	1	2	3	4 5 n/a
5. The PLT guide(s) helped me to learn the content.	1	2	3	4 5 n/a
6. Doing the PLT activities during the workshop helped me to learn the content.	1	2	3	4 5 n/a
7. The information presented helped me to learn the content.	1	2	3	4 5 n/a
8. The handout(s) helped me to learn the content.	1	2	3	4 5 n/a

<b>Facilitator</b>	Disagree	Neutral	Agree	Does Not Apply
9. The facilitator demonstrated respect for all workshop participants.	1	2	3	4 5 n/a
10. The facilitator appeared to be knowledgeable about PLT and its activities.	1	2	3	4 5 n/a
11. The facilitator appeared to be knowledgeable about the session content.	1	2	3	4 5 n/a
12. The facilitator was prepared to host the workshop.	1	2	3	4 5 n/a
13. The facilitator used instructional strategies to support my learning.	1	2	3	4 5 n/a
14. The facilitator effectively demonstrated how to conduct each activity.	1	2	3	4 5 n/a
15. The facilitator asked debriefing questions at the end of each activity.	1	2	3	4 5 n/a
16. The facilitator provided adequate time for me to plan how to integrate PLT into my curriculum or programs.	1	2	3	4 5 n/a

<b>Overall</b>	Disagree	Neutral	Agree	Does Not Apply
17. The workshop was fun.	1	2	3	4 5 n/a
18. The workshop met my needs.	1	2	3	4 5 n/a
19. I felt engaged throughout the workshop.	1	2	3	4 5 n/a
20. I feel prepared to use PLT activities with my students.	1	2	3	4 5 n/a
21. I plan to use PLT with my students within the next 3 months.	1	2	3	4 5 n/a
22. I would like to participate in additional PLT professional development.	1	2	3	4 5 n/a
23. I will recommend this workshop to a colleague.	1	2	3	4 5 n/a

**Comments?**

**Optional: Contact Information** (if you would like to be contacted regarding your workshop evaluation)

Name:

Email:  Phone: