

Russell Independent Certified PD/EILA Evaluation Form

Revised June 2018

Please submit feedback regarding the professional development you have just completed. Credit is awarded once the evaluation is complete.

I. Printed Name: _____ Training Date: _____

II. Work Site Location (circle) RPS RMIS RMS RHS Central Office

III. Session Title and PD/EILA #: _____

IV. Presenter: _____

Feedback Questions	Poor	Fair	Satisfactory	Very Good	Excellent
1. Level of effort I put into the training?					
2. My skill/knowledge level at the end of the PD					
3. Trainer was effective in delivery					
4. Trainer effectively used the time provided					
5. Training content was organized/well planned					
6. Presentation was clear and activities were appropriate					
7. Overall rating of this training					

8. Most valuable aspect of the training? _____

9. Any additional thoughts/information? _____

The Russell Way: Where Tradition Meets Excellence

Our mission is to inspire and empower all students to reach their maximum potential: one student, one-lesson, one day at a time.