



Professional Development Activity: Feedback and Evaluation Form

Title of Activity: _____

1. How valuable did you find today's activity?

Very Valuable Valuable Somewhat Valuable Not Valuable

2. To what extent did you find today's activity relevant to your teaching/job?

Very relevant Relevant Somewhat Relevant Not Relevant

3. Were opportunities created for participants to engage and interact with the topic presented during this activity? (For example, ask questions, discuss, reflect, etc.)

Many opportunities Some opportunities Few opportunities Not relevant

4. To what extent do you plan on changing aspects of your teaching/professional practices as a result of participating in this activity?

Definitely will change Hope to change Possibly will change Won't change

5. What is one element from this workshop that you particularly hope to remember and/or implement in your teaching/job in the future?

6. In what ways could this activity be improved in the future?

7. What types of workshops would you like to see at future Flex Days?

Thank you!