

Program Evaluation
Guidance System of Support
Fall, 2013

Workshop Location: _____ Date: _____

Grade Level: Elementary Middle School High School
 Multi-level Other _____

Your candid feedback concerning this professional development session is valued and will be used to help us improve. Please provide a rating for each statement below.

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

- 1 2 3 4 5 This was a quality and productive learning experience.
- 1 2 3 4 5 A supportive and professional learning climate was created.
- 1 2 3 4 5 The opportunity to collaborate and learn with colleagues was provided.
- 1 2 3 4 5 The facilitator was effective.
- 1 2 3 4 5 Today's topic was relevant and useful.
- 1 2 3 4 5 The collaborative sharing session generated quality conversation and examples.
- 1 2 3 4 5 The resources provided were of high quality.
- 1 2 3 4 5 The Guidance System of Support (GSOS) is an effective professional development program to support Professional School Counselors.

As a Result of this Professional Development:

- 1 2 3 4 5 I have a better or renewed understanding of how to enhance my guidance program.
- 1 2 3 4 5 I gained useful ideas and resources.
- 1 2 3 4 5 I created plans to improve my guidance program.
- 1 2 3 4 5 I developed deeper relationships with my consortium peers.
- 1 2 3 4 5 I feel energized.
- 1 2 3 4 5 I plan to attend the next GSOS session.

Constructive Comments:

Suggested Topics for Future GSOS Meetings:
