

Participant Evaluation



Facilitating Successful Student Transitions

Date: _____ **Your School District:** _____

Your Job Title: Administrator Teacher Counselor Other _____

Institution Type: Elementary Middle School Comprehensive High School
 Career Center Community College 4-Year College/University

Please rate each of the following statements.	Agree	Neutral	Disagree
1. The content was valuable and appropriate.			
2. The materials were sufficient to support the learning tasks and understanding of the topic.			
3. The content of this module will increase my knowledge and skills in my educational role.			

Complete the following statements.

1. With what I've learned from this module, I can help impact student achievement in my educational setting by:

2. I now have a better understanding of:

3. The knowledge or skill(s) I gained from this presentation will enable me to:

4. I would be interested in (mark all that apply):

- Additional information about the content of this module.
 Follow-up training in respect to the content of this module.
 On-going technical implementation support in respect to the content of this module.

Please contact me at: _____

Comments:
