

DUAL CREDIT
PROFESSIONAL DEVELOPMENT SESSION
EVALUATION FORM

Faculty Liaison(s) _____ Date _____

Subject Area/Courses _____

Your Name (Optional) _____

Please check the box that best answers the following questions:

SA = Strongly Agree, A = Agree, U = Undecided, D = Disagree, SD = Strongly Disagree

1. The session was informative and provided information that will be beneficial to me and/or my students.

SA A U D SD

2. My faculty liaison was well prepared and helpful in the session he/she presented.

SA A U D SD

3. I had the opportunity to ask questions or share concerns and received answers/feedback on such.

SA A U D SD

4. Other information I would like to share about my experiences today:

5. Suggestions for improvement to the professional development sessions or the Project EXCEL program:

**THANK YOU FOR YOUR PARTICIPATION. YOUR RESPONSES ASSIST US
IN CREATING FUTURE PROFESSIONAL DEVELOPMENT ACTIVITIES.**