



**Program Feedback & Ongoing Needs Assessment 2009-2010
for the **Calgary Regional Consortium****

Session: _____

Speaker: _____ **Date:** _____

I am (please ✓ one): a Grade _____

Teacher Administrator Support Staff Parent Other _____

Please indicate, by checking the appropriate category, your opinion of the following statements.

SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree

FEEDBACK FOR THE PRESENTER	SA	A	D	SD
During this learning experience, the presenter:				
• provided opportunities for me to be actively involved in the learning.				
• provided strategies for integrating new practices into my current context.				
Comments/suggestions for the presenter				
(additional comments on back)				
FEEDBACK FOR THE SESSION ORGANIZERS	SA	A	D	SD
• The session cost was reasonable.				
Additional Comments and or Suggestions for CRC (e.g. registration process, communications, etc.)				
(additional comments on back)				
REFLECTIONS ON MY LEARNING	SA	A	D	SD
As a result of this learning experience:				
• I increased my knowledge of the topic.				
• I learned strategies/skills to support student learning on this topic.				
• I was able to reflect on my attitudes and beliefs about the topic.				
• I plan to apply the information learned into my practice				
The purpose of professional development is to improve student learning. A key change that I will make in my practice as a result of today's session is				
(additional comments on back)				
What I need to support my further learning on this topic				
(additional comments on back)				
MY OVERALL IMPRESSION:	SA	A	D	SD
I was satisfied with this session because:				
(additional comments on back)				