



**TECHNOLOGY MEDIATED 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

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 that will 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)				
REFLECTIONS ON THE TECHNOLOGY	SA	A	D	SD
During this learning experience:				
• The technology was appropriate for this learning experience.				
• The time provided for interaction and processing of learning was worthwhile.				
• I felt that I was a part of the workshop session, even if I was a remote participant.				
• The technology worked				
Suggestions for improvement when using technology for PD delivery:				
(additional comments on back)				
MY OVERALL IMPRESSION:	SA	A	D	SD
Overall, I was satisfied with this technology mediated session because:				
(additional comments on back)				