

Comprehensive, Integrated, Three-Tiered (Ci3T) Models of Prevention
Ci3T Professional Learning Series Session Evaluation

Name: _____ School: _____

Date of session: _____ Session number: 1 2 3 4 5 6

Please rate how the overall training did the following: Unsuccessful Successful

- | | | | | | |
|--|---|---|---|---|---|
| 1. The communication prior to the event by the professional development staff was sufficient. | 1 | 2 | 3 | 4 | 5 |
| 2. The objectives of the training session were addressed. | 1 | 2 | 3 | 4 | 5 |
| 3. The information presented at this training was useful to my work, classroom, and/or school. | 1 | 2 | 3 | 4 | 5 |
| 4. The format of the training kept me engaged. | 1 | 2 | 3 | 4 | 5 |
| 5. The training content was based on current research. | 1 | 2 | 3 | 4 | 5 |
| 6. This session met or exceeded my expectations for professional development. | 1 | 2 | 3 | 4 | 5 |
| 7. Overall opinion of the training: | 1 | 2 | 3 | 4 | 5 |

Your feedback is critical in improving future professional learning opportunities (please use below and the back for additional comments, recommendations, or commendations).

Thank you for your time! We appreciate you attending and giving us feedback!

