



# MASD Instructional Paraeducator In-service Evaluation Form

( Use for Make-Up Sessions)

**Important:** You must complete and turn in this form to receive credit for this program. If this form is incomplete, you may not receive proper credit. Please print all information neatly. Provide your signature where indicated.

Printed Name:	
Title of Professional Development Activity:	
Name of Instructor:	
Hours Earned for Program:	Date:
I confirm that I have attended the above professional development session. Sign here:	

<b>Please rate the following by circling the number of your response.</b>						Comments
	poor		excellent			
Value of knowledge gained in this program:	1	2	3	4	5	
Instructor's ability to facilitate this program:	1	2	3	4	5	
Objectives were clearly stated:	1	2	3	4	5	
Presenter met the stated objectives:	1	2	3	4	5	

<b>Briefly answer the following open-ended questions.</b>
How will this information benefit you as you perform your paraprofessional duties?
What were the main strengths of this program?
How could this program be improved in the future?
Administrator Signature:

Tear this bottom portion off to keep as your receipt of participation in this program. Turn in the above evaluation form to Michael Haseltt, Pupil Services Director for review/confirmation.

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Class:	
Date:	Hours Credited: