HASD ACT 48 EVALUATION FORM

• •	Title:		Date Submitted:					
	Presen	ter:	Duration (Hour):					
Please	check the go	oal(s) addressed: Increase knowledge and application of the effective educational practices	on of current	educational t	rends, philosop	phies and	e control of the cont	
	B. Provide expertise in effective instructional strategies and teaching methodologies						,	
	C.	Develop ability to collaborate team, or communicate more effectively with takeholders (i.e. students, parents, business, community, educators)						
Please check the number that applies:			strongly agree			strongly disagree		
1. In	Information presented was valuable and relevant			4	3	2	1	
2. F	Facts were clearly presented			4	3	2	1	
3. P	Presenters were organized and interesting			4	3	2	1	
4. Q	Questions were adequately answered			4 .	3 ,	2	1	
5. H	Handouts/materials were appropriate			4	3	2	1 1	
What ((new) informa	ution was of greatest value to you? _						
							,	
Name (Print)			S	ignature			.	
	on•			uilding Assi	med:			

Additional comments/considerations for future presentations (use reverse side)

ALL FORMS MUST BE SUBMITTED AT SESSION CONCLUSION

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