

Local Staff Training Evaluation Form—IL MEP

Training title/topic: _____

Location (or virtual): _____ Date: _____

1. Indicate your primary position:

Teachers/Aides	Other Personnel	
<input type="checkbox"/> PK	<input type="checkbox"/> Administrator	<input type="checkbox"/> Parent Liaison
<input type="checkbox"/> Grades K-5	<input type="checkbox"/> Data Specialist	<input type="checkbox"/> Recruiter and/or Advocate
<input type="checkbox"/> Grades 6-8	<input type="checkbox"/> Family Educator	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> H.S. 9-12, OSY		
<input type="checkbox"/> OSY		

2. Complete the form by placing an “X” in the box that best describes your reaction to the criterion.

	Developing	Good	Excellent
Information	<input type="checkbox"/> Not relevant/informative	<input type="checkbox"/> Somewhat relevant/informative	<input type="checkbox"/> Very relevant/informative
Applicability	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Somewhat applicable	<input type="checkbox"/> Very applicable
Materials	<input type="checkbox"/> Not useful	<input type="checkbox"/> Somewhat useful	<input type="checkbox"/> Very useful
Overall	<input type="checkbox"/> Did not meet objectives	<input type="checkbox"/> Somewhat met objectives	<input type="checkbox"/> Met all objectives

3. How much will this professional development help you support high quality instruction?

<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very much
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4. Answer the following 2 questions if the training related to **parent engagement**.

Rate your capacity for supporting migratory parent engagement in their children’s education BEFORE the training:				
<input type="checkbox"/> Very low	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Very high
AFTER the training:				
<input type="checkbox"/> Very low	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Very high
Not applicable: <input type="checkbox"/>				

5. Answer the following 2 questions for trainings about instruction for **OSY or secondary students**.

Did you use strategies or materials from the iSOSY website (osymigrant.org) with students in the past year?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If you used them, to what extent were the strategies or materials from the website useful for instructing migratory OSY and at-risk secondary students?				
<input type="checkbox"/> Not useful (1)	<input type="checkbox"/> Not so useful (2)	<input type="checkbox"/> Somewhat useful (3)	<input type="checkbox"/> Useful (4)	<input type="checkbox"/> Very useful (5)
Not applicable: <input type="checkbox"/>				

How will you use the information or materials from this training?

What recommendations do you have for future training?