

Education and Skills Development for EAs: Evaluation form for learning option participants

Date: _____

Learning option name: _____

School district/Local union: _____

Please indicate your views on the following questions by placing a check mark in the column that most reflects your perspective

Question	Strongly agree	Moderately agree	Moderately disagree	Strongly disagree
The instructor was well prepared and able to teach the learning option				
The learning option content provided was relevant and of good quality				
The learning option will be useful to me in the work I do as an education assistant				
The learning option has encouraged me to look at other training options available under the Education and Skills Development for EAs project				
The learning option content has encouraged me to seek out further training or upgrading options beyond local school district professional development offerings.				
Overall the learning option was well suited to my needs				

Do you have any other comments regarding your experience with this learning option?

Do you have any suggestions for further training and upgrading for education assistants?
