

Name

CEP Program

**Center for Educational Partnerships**  
**Professional Development Activity (PDA) Evaluation Form**  
2007-08 (10/18/07)

Name of Activity:

\_\_\_\_\_

The activity was  Position Related  Career Related

Duration: From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ through \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Location and sponsor of activity:

How would you rate the activity overall?

Excellent  Good  Fair  Poor

Would you recommend this activity to your co-workers?  Yes  No

Why or why not?

What was your original objective? Did you accomplish it? Why or why not?

What major benefits did you derive from the activity?

How have you been able to share the information you learned with you co-workers?

Would you be willing to do a Brown Bag session about what you learned?  Yes  No

Employee signature \_\_\_\_\_ Date \_\_\_\_\_