

Chehalis School District

Clock Hour Evaluations - Summary Sheet

Name of Course: _____

Instructor: _____ Course #: _____

Date(s): _____

_____ # of participants (all staff attending should sign in)

_____ # of clock hour evaluations completed (all attendees should complete an evaluation; however, it is required if the staff member wants clock hours)

Based on your review of the evaluations, please summarize the effectiveness of this inservice.

SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree

Inservice content SA A D SD Notes:
Instructor SA A D SD Notes:
Other strengths/concerns Notes:

I verify that clock hours earned in this inservice met the written objectives, activities of this inservice and was relevant to the participant.

Signature of person completing this form Date of summary

<p><i>For CSD Use only</i></p> <p>Summary reviewed by Inservice Committee - Instructor qualifications, materials, purpose of inservice meets requirements and relevant to the mission of Chehalis School District.</p> <p><input type="checkbox"/> Based on this review this inservice is eligible to be repeated. _____ Signature of Inservice Committee Member</p>
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