FDLRS REGION 1
TECHNOLOGY SERVICES

TRAINING/TECHNICAL ASSISTANCE EVALUATION

Date: MAY 6 AND 7, 2010
DEVELOPING A LITERACY AND LOW INCIDENCE DISABILITIES IMPLEMENTATION PLAN
Location: TALLAHASSEE, FLORIDA
Please circle your position: ESE Administrator, School-based Administrator, District Administrator, ESE Specialist, School Psychologist, Guidance Counselor, FDLRS Tech, Therapist, LATS, ESE Teacher: Grade: _____
Other: _____

Your schoolDistrict: _____

Using the key 1-6, please circle the response that indicates your rating with 1 = not at all and 6 = greatly.

	1= not at all					**6= Greatly**
To what extent did the training increase you knowledge?	1	2	3	4	5	6
To what extent did the training meet intended objectives?	1	2	3	4	5	6
To what extent will you use what you learned from the training?	1	2	3	4	5	6
To what extent will you recommend the training to others?	1	2	3	4	5	6

We're listening! Please provide us with any comments regarding this training.

_____
_____
_____
_____

Do you have any recommendations for topics, presenters, etc. for future trainings?

_____
_____
_____
_____