EVALUATION AND EVIDENCE OF COMPLETION FOR WORKSHOP, CONFERENCE, SEMINAR, ETC.

DIRECTIONS: Please complete and return this form to the presenters of the professional development activity.

TITLE OF PROFESSIONAL DEVELOPMENT ACTIVITY
Illinois Classics Conference 2003

DATE
October 10-12, 2003

LOCATION (Facility, City, State)
University of Chicago, Chicago, IL

NAME OF PROVIDER
Monmouth College

Please answer the following questions by marking the scale according to your perceptions of this professional development activity.

1. This activity increased my knowledge and skills in my areas of certification, endorsement or teaching assignment.
   - Strongly Agree
   - Somewhat Agree
   - No Opinion
   - Somewhat Disagree
   - Strongly Disagree

2. The relevance of this activity to ISBE teaching standards was clear.
   - Strongly Agree
   - Somewhat Agree
   - No Opinion
   - Somewhat Disagree
   - Strongly Disagree

3. It was clear that the activity was presented by persons with education and experience in the subject matter.
   - Strongly Agree
   - Somewhat Agree
   - No Opinion
   - Somewhat Disagree
   - Strongly Disagree

4. The material was presented in an organized, easily understood manner.
   - Strongly Agree
   - Somewhat Agree
   - No Opinion
   - Somewhat Disagree
   - Strongly Disagree

5. This activity included discussion, critique, or application of what was presented, observed, learned, or demonstrated.
   - Strongly Agree
   - Somewhat Agree
   - No Opinion
   - Somewhat Disagree
   - Strongly Disagree

The best features of this activity were:

Suggestions for improvement include:

Other comments and reactions I wish to offer:

(TO BE RETAINED BY PROVIDER FOR AT LEAST THREE YEARS)