

## **Evaluation of In-Service Education**

In-Service Title:						
Location:		Date:				
<b>Instructions:</b> Please indicate the extent to which you agree or disagree with each statement below by <b>darkening</b> the circle (do not use check marks or "x's") in the appropriate column.						
The	e Content:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	Was relevant to my county needs.	0	0	0	0	0
2.	Was based on up-to-date information.	0	0	0	0	0
3.	Was well organized.	0	0	0	0	0
4.	Was adequately related to the topic.	0	0	0	0	0
5.	Was easy to understand.	0	0	0	0	0
Th	e Instructors:					
6.	Were well-prepared.	0	0	0	0	0
7.	Used appropriate teaching methods.	0	0	0	0	0
8.	Were knowledgeable of the subject matter.	0	0	0	0	0
9.	Managed the environment (schedule, facilities, equipment, etc.) in a manner conducive to learning.	0	0	0	0	0
10.	Engaged the participants in learning.	0	0	0	0	0
11.	Related program content to practical situations.	0	0	0	0	0
12.	Answered questions clearly.	0	0	0	0	0
Ou	tcomes:					
13.	I gained knowledge/skills about the topics presented.	0	0	0	0	0
14.	I will use what I learned in my county program.	0	0	0	0	0
Ins	tructor-Defined Questions:					
15.		0	0	0	0	0
16.		0	0	0	0	0



17.

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