



**Diocese of Erie  
Catholic Schools Office  
Act 48 Continuing Professional Education  
Program or Activity Evaluation**

*Any participant in a Professional Development program or activity must complete an evaluation. No Act 48 Hours will be submitted without an evaluation. Evaluations are to be sent as part of the packet to the Director of Curriculum and Teacher Personnel, Catholic Schools Office.*

Participant's Name: \_\_\_\_\_ PPID#: \_\_\_\_\_

School: \_\_\_\_\_ Date(s): \_\_\_\_\_

Title of Program/Activity: \_\_\_\_\_

Location: \_\_\_\_\_ Instructor(s): \_\_\_\_\_

*Please respond to each item by circling the number which best describes your opinion.  
(5 = Excellent through 1 = Poor)*

**A. Program/Activity Content/Instruction**

5 4 3 2 1 Program/activity was well organized.

5 4 3 2 1 Program/activity goals were clearly stated.

5 4 3 2 1 Activities/assignments were relevant to the goals.

5 4 3 2 1 The presenter(s)/instructor(s) was(were) well prepared.

5 4 3 2 1 The presenter(s)/instructor(s) was(were) knowledgeable in the subject area.

5 4 3 2 1 The manner of presentation of the material was clear.

Comments: \_\_\_\_\_

\_\_\_\_\_

**B. Achievement of Goals by Participant  
(Both questions must be answered to receive Act 48 Hours.)**

1. List one or more specific pieces of information that you gained from this program/activity.

2. List one or more specific ways you will use what you learned to enhance student achievement.