**2011 OME Conference: Coordinating to Achieve RESULTS!**

**Individual Session Evaluation Form**

Session title or number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presenter(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Public Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 6 minutes, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education *Michelle Moreno, Office of Migrant Education, U.S. Department of Education, 600 Independence Avenue,* S.*W., 3E325, Washington, D.C. 20202-6135* or email [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference the OMB Control Number 1880-0542.

Please give us feedback about how beneficial you found this session by rating the extent to which you agree with the following statements on a scale of 1 to 5, where 1 means ‘Completely Disagree’ and 5 means ‘Completely Agree’. Fill in the bubble associated with the number that best represents your view. Please use a pencil, or black or dark blue ink pen.

(*Circle “N/A” if the question is not applicable to you*.)

**To what extent do you agree with the following?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Completely Disagree** | | |  | **Completely Agree** | | |
| 1. The session objectives/outcomes were clear. | 1 | 2 | 3 | | | 4 | 5 | N/A |
| 1. The process/training methodology for meeting the session outcomes was effective. | 1 | 2 | 3 | | | 4 | 5 | N/A |
| 1. The presenter(s) was/were effective in moving along the process, encouraging participation, and maintaining a high level of interest. | 1 | 2 | 3 | | | 4 | 5 | N/A |
| 1. The presenter(s) was/were knowledgeable of the subject matter and was/were well prepared. | 1 | 2 | 3 | | | 4 | 5 | N/A |
| 1. There were enough opportunities for discussion. | 1 | 2 | 3 | | | 4 | 5 | N/A |
| 1. The written materials were useful. | 1 | 2 | 3 | | | 4 | 5 | N/A |
| 1. The audio/visual aids, handouts, and activities enhanced my understanding of the session. | 1 | 2 | 3 | | | 4 | 5 | N/A |
| 1. The climate was open and honest, encouraging trust and communication among participants. | 1 | 2 | 3 | | | 4 | 5 | N/A |
| 1. Overall, we achieved the session outcomes. | 1 | 2 | 3 | | | 4 | 5 | N/A |
| 1. As a result of this event, I gained knowledge and/or resources applicable to my work. | 1 | 2 | 3 | | | 4 | 5 | N/A |
| 1. Briefly describe new knowledge, skills and/or resources you gained from this event and how you will use them: | | | | | | | | |
| 1. The most effective aspect of the meeting was: | | | | | | | | |
| 1. What suggestions do you have for how the session could be strengthened in the future? | | | | | | | | |
| 1. Additional comments: | | | | | | | | |