



Cesar Chavez Academy Middle School		
Topic:	SIOP Day 1-3	
Date:		
8/20/21		
Name / Signature	Title	
1 Shelby Schmidbauer / [Signature]	Teacher	
2 Spot Martinez	Over 500 One	
3 Meghan Krone	Teacher	
4 Amanda Brunette	Interventionist	
5 Scott Biggar	Teacher	
6 Patrice Barber	7th Math	
7 Christina Szukielowicz / [Signature]	ELA 8th grade teacher	
8 Ryan McKay / [Signature]	Teacher / Interventionist	
9 Dan Bimford	Teacher	
10 Jon Albi	Teacher / Interventionist	
11 Rebecca Wilinski	Teacher	
12 Christina Starr	Teacher	
13 Justin Cveriz	Teacher	
14 Ronda Matys	"	
15 [Signature]	Spec Educ Teacher	
16 Patrice Baxter	Teacher	
17 Mike Aull	Teacher	
18 Kirke Elross	Teacher	
19 [Signature]		
20		
21		
22		
23		
24		
25		
26		
27		

**Training Evaluation Form**  
**Cesar Chavez Academy Middle School**

Topic: SIOP Date: 8-21-14  
 I am a:  Teacher  Support Staff  Other

Please indicate your impressions of the items listed below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training met my expectations.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I will be able to apply the knowledge learned.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The training objectives for each topic were identified and followed.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The content was organized and easy to follow.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The materials distributed were pertinent and useful.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The trainer was knowledgeable.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The quality of instruction was good.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The trainer met the training objectives.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Class participation and interaction were encouraged.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Adequate time was provided for questions and discussion.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How do you rate the training overall?					
Excellent	Good	Average	Poor	Very poor	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

10. What aspects of the training could be improved?

11. Other comments?

*Very beneficial! I will be able to use*

THANK YOU FOR YOUR PARTICIPATION!

*all of the information I learned!*

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**Cesar Chavez Academy Middle School**

Topic: SIOP Date: 8/21/14  
 I am a:  Teacher  Support Staff  Other

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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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11. How do you rate the training overall?					
Excellent	Good	Average	Poor	Very poor	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

10. What aspects of the training could be improved?  
*nothing!*

11. Other comments?  
*wonderful job! very informative!*

THANK YOU FOR YOUR PARTICIPATION!

**Training Evaluation Form**  
**Cesar Chavez Academy Middle School**

Topic: SLOP Date: 8-21-14  
 I am a:  Teacher  Support Staff  Other

Please indicate your impressions of the items listed below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training met my expectations.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I will be able to apply the knowledge learned.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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7. The quality of instruction was good.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. Adequate time was provided for questions and discussion.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How do you rate the training overall?  
 Excellent  Good  Average  Poor  Very poor

10. What aspects of the training could be improved?

*None.*

11. Other comments?

*None*

**THANK YOU FOR YOUR PARTICIPATION!**



**Training Evaluation Form**  
**Cesar Chavez Academy Middle School**

Topic: STOP Date: Aug. 21  
 I am a:  Teacher  Support Staff  Other

Please indicate your impressions of the items listed below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training met my expectations.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. Adequate time was provided for questions and discussion.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How do you rate the training overall?  
 Excellent  Good  Average  Poor  Very poor

10. What aspects of the training could be improved?

*I enjoyed every aspect of the training & will be integrating a lot of the ideas into my lessons*

11. Other comments?

THANK YOU FOR YOUR PARTICIPATION!

**Training Evaluation Form**  
**Cesar Chavez Academy Middle School**

Topic: STOP Date: 8/21/14  
 I am a:  Teacher  Support Staff  Other

Please indicate your impressions of the items listed below.

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11. How do you rate the training overall?					
Excellent	Good	Average	Poor	Very poor	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

10. What aspects of the training could be improved?

11. Other comments?

Great PD

**THANK YOU FOR YOUR PARTICIPATION!**

**Training Evaluation Form**  
**Cesar Chavez Academy Middle School**

Topic: STOP

Date: August 21, 2014

I am a:  Teacher  Support Staff

Other

Please indicate your impressions of the items listed below.

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11. How do you rate the training overall?					
Excellent	<input checked="" type="radio"/>	Good	Average	Poor	Very poor
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. What aspects of the training could be improved?

*slides passed out*

11. Other comments?

**THANK YOU FOR YOUR PARTICIPATION!**

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**Cesar Chavez Academy Middle School**

Topic: SIOP

Date: 8-21-14

I am a:  Teacher

Support Staff

Other

Please indicate your impressions of the items listed below.

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Excellent	Good	Average	Poor	Very poor	
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10. What aspects of the training could be improved?

11. Other comments?

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Excellent	Good	Average	Poor	Very poor	
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10. What aspects of the training could be improved?

*I enjoyed Ann + the STOP training, very knowledgeable w/ practical suggestions.*

11. Other comments?

*Bring her back every year!*

THANK YOU FOR YOUR PARTICIPATION!