



GRIFFIN REGIONAL EDUCATIONAL SERVICE AGENCY

Serving South Metro County School Systems since 1966
BUTTS - FAYETTE - HENRY - LAMAR - NEWTON - PIKE - SPALDING - UPSON
Dr. Stephanie L. Gordy, Executive Director



440 Tilney Avenue
Griffin, GA 30224
Phone: 770-229-3247
FAX: 770-228-7316
www.griffinresa.net

GRIFFIN REGIONAL EDUCATIONAL SERVICE AGENCY Course Proposal for Charter School Governing Board Training

SECTION 1

I. Entity to Provide Training

Griffin Regional Educational Service Agency (Griffin RESA)

II. Board Training Experience

Griffin RESA has been a provider of board of education training from 2011 to the present. The Agency has several years of experience in training the boards of eight region school districts, including Butts, Fayette, Griffin-Spalding, Henry, Lamar, Newton, Pike, and Thomaston-Upson. While this has not yet included direct training of charter school boards, it has included comprehensive training of numerous governing boards, a background which provides strong preparation for training charter school governing boards. In addition, member systems of Griffin RESA include several charter programs and schools, as well as current efforts to establish additional charter programs. Providing direct training to charter school governance boards will be a practical, logical, and complementary service to the region. Griffin RESA is well positioned to support appropriate, comprehensive training for charter school boards as it has for the following boards of education, who can serve as references for our board training processes:

Mr. Robert Costley, Superintendent
Butts County Schools
181 N. Mulberry
Jackson, Georgia 30233
770-504-2300

Dr. Joseph Barrow, Superintendent
Fayette County Schools
P. O. Box 879
210 Stonewall Avenue
Fayetteville, Georgia 30214
770-460-3535

Mr. Jim Smith, Superintendent
Griffin-Spalding County Schools
P. O. Drawer N
216 S. Sixth Street
Griffin, Georgia 30224
770-229-3700

Mr. Rodney Bowler, Superintendent
Henry County Schools
33 N. Zack Hinton Parkway
McDonough, Georgia 30253
770-957-6601

Dr. Jute Wilson, Superintendent
Lamar County Schools
100 Victory Lane
Barnesville, Georgia 30204
770-358-5891

Ms. Samantha Fuhrey, Superintendent
Newton County Schools
P. O. Box 14692109
Newton Drive, NE
Covington, Georgia 30015
770-787-1330

Dr. Michael Duncan, Superintendent
Pike County Schools
P. O. Box 386
115 W. Jackson Street
Zebulon, Georgia 30295
770-567-8489

Dr. Marguerite Shook, Superintendent
Thomaston-Upson Schools
205 Civic Center Drive
Thomaston, Georgia 30286
706-647-9621

III. Instructors' Qualifications

- Dr. John DeCotis, School Improvement Coordinator for Griffin RESA; formerly, Superintendent of Fayette County Public Schools, Assistant Superintendent of Curriculum and Instruction, and an elementary school principal. In serving the Griffin RESA region, Dr. DeCotis has worked with school systems that are home to several charter school programs and schools. He provided our Charter School Training this past year.
- Dr. Stephanie L. Gordy, Executive Director for Griffin RESA; formerly, Human Resources Administrator for Cobb County Public Schools, and elementary and middle school administration. In serving the Griffin RESA region, Dr. Gordy has worked with school systems that are home to several charter school programs and schools.

Each of the instructors listed above have extensive experience working with boards of education members and whole school boards. These experiences include presenting information to board members at meetings, work sessions, and planning seminars; participating in the training of

board members for local board training in governance, ethics, and other areas; serving on committees with board members; and researching information requested by boards or individual members. All instructors are skilled in the elements of effective instruction, and they use these skills frequently in providing training for boards, various leadership cohorts, and work groups for which they are responsible. Please also see Attachment 1 for resumes for training instructors.

IV. Type of Charter Schools for Which Training Will Be Provided

Training will be provided for conversion charters, locally-approved start-ups, and college and career academies for the 2017-18 school year.

SECTION 2

V. Names of Training Courses

Courses offered by this Agency will include a total of eight distinct courses: (1) General Governance Training, Including Common Topics & Issues; (2) Overview of Georgia’s Charter School Governing Board Code of Ethics; (3) Rules of Boardsmanship, Including Working with Local Boards of Education; (4) Cultivating Positive Board Relations; (5) The Art of Communicating; (6) Developing Sound Media Relations; (7) Effective School Strategic Planning; (8) Local School Finance & Personnel Management

VI. Length of Training Courses

The length of each training course will be established at three hours. This will permit boards to receive half day or full day training, with respectively one or two courses provided daily. This training schedule permits flexibility for each board based on board and individual member schedules.

VII. Syllabus Including Alignment to Standards

Griffin RESA proposes the following course offerings for 2017-18. The various modules will be offered to charter school boards in a menu format, giving them the ability to choose according to their areas of interest and need.

Course Title	Course Description	SBOE Standards Reference
General Governance Training, Including Common Topics & Issues	This course will cover primary responsibilities of boards and common topics and issues that school boards deal with on a regular basis. Participants will also have the opportunity to share common issues/topics and discuss how they have addressed them.	Domain I, Standards A, B, C, D Domain II, Standards A, B Domain IV, Standard A Domain VI, Standards A, B Domains VII, Standards A, B et. al.
Overview of Georgia’s Charter School Governing Board Code of Ethics	This course will include an overview of the domains and standards of the code of ethics.	Domain I, Standards A, B, C, D Domain IV, Standard A Domain V, Standard A Domain VI, Standards A, B Domain VII, Standard A, B et. al.
Rules of Boardsmanship	This course will include strategies, suggestions, and proven practices for	Domain I, Standards A, B, C, D Domain II, Standards A, B Domain III, Standards A, B, C, D

	becoming a highly effective board member.	Domain VI, Standards A, B Domains VII, Standards A, B et. al.
Cultivating Productive Board Relations, Including Working with Local Boards of Education, Post-Secondary Institutions, and Businesses	This course will assist with identifying key community leaders, building consensus on key issues, creating a high level of community involvement, and empowering community members as school ambassadors.	Domain III, Standards A, B, C Domain IX, Standard A Domain X, Standard A et. al.
The Art of Communicating	This course will help develop finer points of specific verbal and written communications for board members, including various communication mediums, acknowledging various audiences, and creating a positive image.	Domain II, Standards A, B Domain III, Standards A, B, C Domain V, Standards A Domain VIII, Standard A Domain IX, Standard A Domain X, Standard A et. al.
Developing Sound Media Relations	This course will focus on developing healthy relationships with both print and screen media with emphasis on honesty, trust, collaboration, and transparency.	Domain II, Standards A, B Domain III, Standards A, B, C Domain V, Standards A Domain VIII, Standard A et. al.
Effective School Strategic Planning	This course will focus on how the board can effectively develop, adopt, and enact a planning process resulting in an adopted school strategic plan designed to improve student achievement.	Domain I, Standards A, B, C, D Domain II, Standards A, B Domain III, A, B, C Domain IV, Standard A Domain V, Standard A Domain VI, Standards A, B Domains VII, Standards A, B Domain IX, Standard A Domain X, Standard A et. al.
Local School Finance & Personnel Management	This course will focus on using efficient and effective school finance practices, including budgeting, asset allocation, fund raising, and cost saving, as well as major issues to consider when recruiting and evaluating staff.	Domain I, Standards A, B Domain IV, Standard A Domain VI, Standards A, B Domain VII, Standards A, B

In addition to the specific course descriptions provided above, the overall objectives for the courses listed include the following:

- Enable charter school board members to meet requirements of 20-2-2072
- Delineate the major responsibilities of full boards and individual members
- Build cohesiveness and effectiveness among board members
- Emphasize the primary goal of student achievement
- Heighten awareness of public perception of board members' performance
- Hone communication skills of board members
- Develop an awareness among board members of various legal and ethical issues
- Strengthen fundamental understanding of operations
- Increase capacity for effective governance and strategic planning

VIII. Probable Delivery Method for Training

The delivery method will be predominantly whole board training, with the flexibility to provide large or small group training, as well as individual or virtual instruction in order to meet unique needs or circumstances, as determined in collaboration among participants and trainers.

IX. Proposed Location of Training Courses

Griffin RESA will offer the versatility of providing training at the Agency or at the local school or other mutually agreed upon location. Specific dates and times of training will likewise be flexible to meet the needs of participating members.

X. Fees for Training Courses

The fee for each participant will be \$100 per course module. This will include cost of instructors from outside the Agency, materials, and meals served on training dates.

XI. Participant Evaluations of Each Training Course

Each course module will conclude with written evaluations of the course content and instructors by each participant of the course.

XII. List of Participating Charter School Governance Board Members

The Agency will complete a list of charter school governance board members who participate in each training course and will provide this course to the full charter school board.

XIII. Training Instructors Agreement of Nepotism Assurance

Signed agreements are included as Attachment 2.

**Griffin Regional Educational Service Agency (Griffin RESA)
Proposal for Charter School Governing Board Training
2017-18**

To Meet Nepotism Assurance

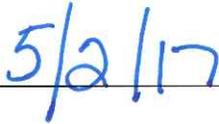
Nepotism Assurance Agreement

As an instructor / trainer for Charter School Governing Board Members, I will not provide training to charter board members who are immediate members of the trainer's family without obtaining prior approval from the State School Superintendent or his designee. For the purpose of this assurance, immediate family members shall include a spouse, child, sibling, parent, or the spouse of a child, sibling, or parent.

Signature



Date



**Griffin Regional Educational Service Agency (Griffin RESA)
Proposal for Charter School Governing Board Training
2017-18**

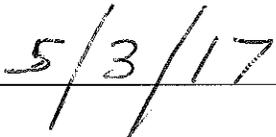
To Meet Nepotism Assurance

Nepotism Assurance Agreement

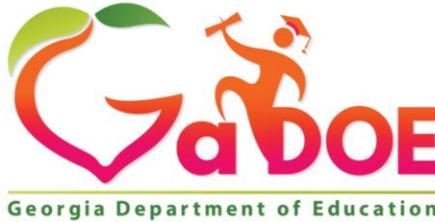
As an instructor / trainer for Charter School Governing Board Members, I will not provide training to charter board members who are immediate members of the trainer's family without obtaining prior approval from the State School Superintendent or his designee. For the purpose of this assurance, immediate family members shall include a spouse, child, sibling, parent, or the spouse of a child, sibling, or parent.



Signature



Date



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

Please provide responses to all three hypothetical questions given below.

Hypothetical #1 – You are working with Charter School XYZ's founding board that is comprised of mostly parents. The school is in its first year of operation. The board has hired a principal and the principal has hired a staff. The school is located in a wealthy part of town and does not provide transportation. As a result, the students are majority high income. The board has issues with the way that the teachers are trained and on-boarded onto the staff. The board also has concerns that their Principal is not handling carpool well. Some teachers are complaining that the principal is too strict. Lastly, the facility has had many issues and concerns including a leaky roof. As a result of all of these things, the board is meeting today to consider firing the principal. Also one board member is related to a teacher.

- How would you advise this board in terms of duties, roles and responsibilities, and next steps?
- What are some considerations moving forward to avoid these conflicts?

Hypothetical #2 – A well-established charter school has recently come under public scrutiny for not reflecting the diversity of the community served by the charter school. The school has decent student achievement data, and has been in existence for over ten years. The board does not believe that there is anything it can do to diversify. It also believes that it does not need to diversify. The board is about half parents and half other community members.

- What would you do with this board and why?
- What are the issues here?

Hypothetical #3 – An established charter school is having some serious board turnover in a way that is unprecedented. You are the board's trainer. You attend a board meeting and notice that there is not any real discussion. The items pass without any questions or comments. There is not time for public comment. The principal's report is sparse and does not include any academic data. Additionally, the CFO was unable to answer questions about the financial documents. When asked questions, the principal spoke up to answer questions about the financial statements. Several board members seem to have a very friendly demeanor with the principal.

- What are your thoughts on this?
- What are some suggestions you would make to the board?
- How would you incorporate this into the training?



GRIFFIN REGIONAL EDUCATIONAL SERVICE AGENCY

Serving South Metro County School Systems since 1966

BUTTS - FAYETTE - HENRY - LAMAR - NEWTON - PIKE - SPALDING - UPSON
Dr. Stephanie L. Gordy, Executive Director



440 Tilney Avenue
Griffin, GA 30224
Phone: 770-229-3247
FAX: 770-228-7316
www.griffinresa.net

Response to the three hypothetical questions concerning Charter Schools:

1. *Hypothetical #1* - The issues raised here are mostly operational issues which fall under the day-to-day operation of the principal. Therefore, I would advise the Board of this and ask if they have any bylaws or policies in place that address any of these issues. If not, then they might want to consider some that give the principal some guidance. However, the policies would have to give the principal some leeway and discretion with daily duties. In the meantime, it would be in their best interest as a group to inform the principal of any concerns they have and allow him/her the opportunity to address them. This could be a part of the evaluation process. Additionally, due to nepotism, it would be important that it be clear to Board Members that it is in their best interest not to serve on the Board if they have a relative teaching there. This should be in their bylaws or policy. However, if for some reason this is allowed or exists, this Board Member should recuse himself from voting in areas where a conflict of interest may exist. To avoid any conflicts in the future, they should have some policies in place and have an understanding with the principal as to what his/her role is day to day. Additionally, they need to come up with a common understanding as to what their role is, which is mostly approving the budget, approving personnel, developing policies and hiring and evaluating the principal.
2. *Hypothetical #2* - In this case, I would ask the Board to look at the statistics of diversity in the student body, staff and Board. Since the issue has been brought up by community members, I would emphasize the importance of diversity and provide research to them concerning this topic. Part of their training should include the importance of inclusion and make them aware of the impact of the issue on student achievement. It would then be important for them to review their bylaws and add some statements and guidelines concerning diversity. Once this is accomplished, they can review their policies on how Board Members are selected and make changes to reflect what their bylaws stipulate concerning diversity. The issues here are the lack of awareness of the existence of diversity in the community, and how this impacts the overall school environment.
3. *Hypothetical #3* - It appears that there is a lack of leadership and an understanding of the roles of the Board and the principal. It appears that they need training in establishing bylaws and policies that stipulate these roles. I would start with a review of these bylaws and policies. Part of this training would also focus on setting a meeting agenda and parliamentary procedure. It is correct for the Board members to be friendly with the principal; however, this should not interfere with the business at hand. They must be trained in running a business meeting and conduct themselves in a professional manner.



[Exit this survey >>](#)

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- Please choose the title below that best fits your current status as an educator: District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Other (please specify)
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/> *Workshop or Course Content Objectives were clearly defined. Not at All	<input type="radio"/> Objectives were clearly defined. Very Little	<input type="radio"/> Objectives were clearly defined. No Answer	<input type="radio"/> Objectives were clearly defined. Somewhat	<input type="radio"/> Objectives were clearly defined. Absolutely
My knowledge of the subject has increased.	<input type="radio"/> My knowledge of the subject has increased. Not at All	<input type="radio"/> My knowledge of the subject has increased. Very Little	<input type="radio"/> My knowledge of the subject has increased. No Answer	<input type="radio"/> My knowledge of the subject has increased. Somewhat	<input type="radio"/> My knowledge of the subject has increased. Absolutely
I consider this workshop or course worth my time and effort.	<input type="radio"/> I consider this workshop or course worth my time and effort. Not at All	<input type="radio"/> I consider this workshop or course worth my time and effort. Very Little	<input type="radio"/> I consider this workshop or course worth my time and effort. No Answer	<input type="radio"/> I consider this workshop or course worth my time and effort. Somewhat	<input type="radio"/> I consider this workshop or course worth my time and effort. Absolutely

3. Instructor -

Not at All Very Little No Answer Somewhat Absolutely

The instructor demonstrated thorough knowledge of the subject.

- *Instructor - ### The instructor demonstrated thorough knowledge of the subject. Not at All
- The instructor demonstrated thorough knowledge of the subject. Very Little
- The instructor demonstrated thorough knowledge of the subject. No Answer
- The instructor demonstrated thorough knowledge of the subject. Somewhat
- The instructor demonstrated thorough knowledge of the subject. Absolutely

The instructor communicated clearly and effectively.

- The instructor communicated clearly and effectively. Not at All
- The instructor communicated clearly and effectively. Very Little
- The instructor communicated clearly and effectively. No Answer
- The instructor communicated clearly and effectively. Somewhat
- The instructor communicated clearly and effectively. Absolutely

The instructor responded appropriately to questions and comments.

- The instructor responded appropriately to questions and comments. Not at All
- The instructor responded appropriately to questions and comments. Very Little
- The instructor responded appropriately to questions and comments. No Answer
- The instructor responded appropriately to questions and comments. Somewhat
- The instructor responded appropriately to questions and comments. Absolutely

4. Materials

Materials and exercises were clear and relevant to the workshop or course.

- | | | | | |
|--|--|--|---|---|
| Not at All | Very Little | No Answer | Somewhat | Absolutely |
| <input type="radio"/> *Materials and exercises were clear and relevant to the workshop or course. Not at All | <input type="radio"/> Materials and exercises were clear and relevant to the workshop or course. Very Little | <input type="radio"/> Materials and exercises were clear and relevant to the workshop or course. No Answer | <input type="radio"/> Materials and exercises were clear and relevant to the workshop or course. Somewhat | <input type="radio"/> Materials and exercises were clear and relevant to the workshop or course. Absolutely |

5. Implementation

Course Content will be applied to my future educational practice.

- | | | | | |
|--|---|---|--|--|
| Not at All | Very Little | No Answer | Somewhat | Absolutely |
| <input type="radio"/> *Implementation Course Content will be applied to my future educational practice. Not at All | <input type="radio"/> Course Content will be applied to my future educational practice. Very Little | <input type="radio"/> Course Content will be applied to my future educational practice. No Answer | <input type="radio"/> Course Content will be applied to my future educational practice. Somewhat | <input type="radio"/> Course Content will be applied to my future educational practice. Absolutely |

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

Additional Comments:

Done >>



440 Tilney Avenue
 Griffin, GA 30224
 Phone: 770-229-3247
 FAX: 770-228-7316
 www.griffinresa.net

GRIFFIN REGIONAL EDUCATIONAL SERVICE AGENCY

Serving South Metro County School Systems since 1966
 BUTTS - FAYETTE - HENRY - LAMAR - NEWTON - PIKE - SPALDING - UPSON
 Dr. Stephanie L. Gordy, Executive Director

**Griffin RESA
 Local Board Governance Training
 October 19, 2016
 Rules of Boardmanship**

System	Name	Signature
Hampton Elementary Charter School	Jovonne Cuebas-Ramirez	Jovonne Cuebas-Ramirez
	Brian Keefer	Brian Keefer
	Rene Flournoy	Rene Flournoy
	Johane St. Anne	Johane St. Anne
	Ashley Smith	Ashley Smith
	Georgia Jerche	Georgia Jerche
	Mary Ann Mitcham	Mary Ann Mitcham
	Amy Hall	Amy Hall
	Aaley Lowe	Aaley Lowe
	Leslie Jordan	Leslie Jordan
	Silvia DeRuvo	John DeRuvo



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Governance Council member

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

- will be better equipped to function as effective board member

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice:

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

Charter School Gov. Council Member

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Gaining Knowledge is always beneficial

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

Charter School Gov. Council Member

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

[Empty text box for specifying other titles]

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Apply to governance

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

Appropriate actions of governance council members

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Governance Council

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- Checkboxes for various educator roles: District-level Administrator, School-level Administrator, Classroom Teacher, Counselor, Paraprofessional, Graduation Coach, Instructional Coach, Support Staff, Not Currently Employed.

Other (please specify)

Governance Council

2. Workshop or Course Content

Table with 6 columns: Not at All, Very Little, No Answer, Somewhat, Absolutely. Rows include: Objectives were clearly defined, My knowledge of the subject has increased, I consider this workshop or course worth my time and effort.

3. Instructor -

Table with 6 columns: Not at All, Very Little, No Answer, Somewhat, Absolutely. Row: The instructor demonstrated

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

Governance Council

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Serving on the council

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

more informed decisions

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Governance Council Member

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Governance Council

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

The knowledge and skills will be implemented in my day to day happenings.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

I will become more knowledgeable and a respected board member.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- Checkboxes for various educator roles: District-level Administrator, School-level Administrator, Classroom Teacher, Counselor, Paraprofessional, Graduation Coach, Instructional Coach, Support Staff, Not Currently Employed.

Other (please specify)

Empty rectangular box for specifying other roles.

2. Workshop or Course Content

Table with 6 columns: Not at All, Very Little, No Answer, Somewhat, Absolutely. Rows include: Objectives were clearly defined, My knowledge of the subject has increased, I consider this workshop or course worth my time and effort.

3. Instructor -

Table with 6 columns: Not at All, Very Little, No Answer, Somewhat, Absolutely. Row: The instructor demonstrated

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

*School board member
governance council member*

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

governments
 I will access further professional development.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

Impact by supporting the Principal in moving school initiatives forward.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



440 Tilney Avenue
 Griffin, GA 30224
 Phone: 770-229-3247
 FAX: 770-228-7316
 www.griffinresa.net

GRIFFIN REGIONAL EDUCATIONAL SERVICE AGENCY

Serving South Metro County School Systems since 1966
 BUTTS - FAYETTE - HENRY - LAMAR - NEWTON - PIKE - SPALDING - UPSON
 Dr. Stephanie L. Gordy, Executive Director

**Griffin RESA
 Local Board Governance Training
 October 19, 2016
 Art of Communicating**

System	Name	Signature
Hampton Elementary Charter School	IVONNE CUEBAS-Ramirez	Ivonne Cuebas-Ramirez
	Ashley Smith	Ashley Smith
	Aimey Lowe	Aimey Lowe
	Renie Flournoy	Renie Flournoy
	Brian Keeler	Brian Keeler
	Mary Ann Mitcham	Mary Ann Mitcham
	Leshelle Jordan	Leshelle Jordan
	Georgia Ferche	Georgia Ferche
	Amy Hall	Amy Hall
	Johane St. Anne	Johane St. Anne
	Silvia DeRosa	Silvia DeRosa



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- Checkboxes for various roles: District-level Administrator, School-level Administrator, Classroom Teacher, Counselor, Paraprofessional, Graduation Coach, Instructional Coach, Support Staff, Not Currently Employed.

Other (please specify)

Governance Council

2. Workshop or Course Content

Table with 6 columns: Not at All, Very Little, No Answer, Somewhat, Absolutely. Rows include: Objectives were clearly defined, My knowledge of the subject has increased, I consider this workshop or course worth my time and effort.

3. Instructor -

Table with 6 columns: Not at All, Very Little, No Answer, Somewhat, Absolutely. Row: The instructor demonstrated

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

To think about the best way to communicate with the public.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

To develop communication protocols for the Governance Council

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Governance Council

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Charter School Gov. Council Member

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

practicing effective communication

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

clear expectations

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

Parent

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

** Grammar check on "Effective Communication Skills" **



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- Checkboxes for roles: District-level Administrator, School-level Administrator, Classroom Teacher, Counselor, Paraprofessional, Graduation Coach, Instructional Coach, Support Staff, Not Currently Employed.

Other (please specify)

Empty text box for specifying other roles.

2. Workshop or Course Content

Table with 6 columns: Not at All, Very Little, No Answer, Somewhat, Absolutely. Rows include: Objectives were clearly defined, My knowledge of the subject has increased, I consider this workshop or course worth my time and effort.

3. Instructor -

Table with 6 columns: Not at All, Very Little, No Answer, Somewhat, Absolutely. Row: The instructor demonstrated

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Governance Council

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Effective communication will be and has been integral part of my job and my role as Governance Council. This was a nice reminder.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Governance Council Member

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments: *Thank you for your presentation. It was full of appropriately relevant information for our team.*



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- Checkboxes for various educator roles: District-level Administrator, School-level Administrator, Classroom Teacher, Counselor, Paraprofessional, Graduation Coach, Instructional Coach, Support Staff, Not Currently Employed.

Other (please specify)

Governance Council

2. Workshop or Course Content

Table with 6 columns: Not at All, Very Little, No Answer, Somewhat, Absolutely. Rows include: Objectives were clearly defined, My knowledge of the subject has increased, I consider this workshop or course worth my time and effort.

3. Instructor -

Table with 6 columns: Not at All, Very Little, No Answer, Somewhat, Absolutely. Row: The instructor demonstrated

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

I have ~~been~~ more understanding to qualify my responses

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Governance Council

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
 - School-level Administrator
 - Classroom Teacher
 - Counselor
 - Paraprofessional
 - Other (please specify)
- Graduation Coach
 - Instructional Coach
 - Support Staff
 - Not Currently Employed

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Apply to practice

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- Checkboxes for District-level Administrator, School-level Administrator, Classroom Teacher, Counselor, Paraprofessional, Graduation Coach, Instructional Coach, Support Staff, Not Currently Employed

Other (please specify)

Empty text box for specifying other titles

2. Workshop or Course Content

Table with 5 columns: Not at All, Very Little, No Answer, Somewhat, Absolutely. Rows include: Objectives were clearly defined, My knowledge of the subject has increased, I consider this workshop or course worth my time and effort.

3. Instructor -

Table with 5 columns: Not at All, Very Little, No Answer, Somewhat, Absolutely. Row: The instructor demonstrated

	Not at All	Very Little	No Answer	Somewhat	Absolutely
thorough knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:



Griffin Regional Educational Service Agency

Serving South Metro County School Systems since 1966

BUTTS - FAYETTE - HENRY - LAMAR - NEWTON - PIKE - SPALDING - UPSON

Dr. Stephanie L. Gordy, Executive Director

440 Tilney Avenue
Griffin, GA 30224
Phone: 770-229-3247
FAX: 770-228-7316
www.griffinresa.net

**Griffin RESA
Local Board Governance Training
December 14, 2016
Ensuring a Quality Education for Your Students**

System	Name	Signature
Hickory Flat Charter Elementary	Victoria Whitten	<i>Victoria Whitten</i>
	Mary Jo Jester	<i>Mary Jo Jester</i>
	Dewayne Grant	<i>Dewayne Grant</i>
	Tiffany Lanier	<i>Tiffany Lanier</i>
	Heather Cloud	<i>Heather Cloud</i>
	<i>Beverlee Brewington</i>	Beverlee Brewington
	Jeanette Jenkins	<i>Jeanette Jenkins</i>
	Sandra Joseph	SANDRA JOSEPH
	Julie Davies	<i>Julie Davies</i>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional

- Graduation Coach
- Instructional Coach
- Support Staff

Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
My knowledge of the subject has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I consider this workshop or course worth my time and effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

I am currently not working in the field of education.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

N/A

8. Additional Comments:

Job well done! I appreciate your thoroughness and expertise in the field of education.

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- Graduation Coach
- School-level Administrator
- Instructional Coach
- Classroom Teacher
- Support Staff
- Counselor
- Not Currently Employed
- Paraprofessional

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
My knowledge of the subject has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I consider this workshop or course worth my time and effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

To further advance my Council team + teachers.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

To encourage higher learning of our Students

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

Parent

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor - ###

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

It helps me to ask better questions as a parent.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

I better understand the teacher's / school's focus and this helps me better support / reinforce with my child. I can also better make decisions as a council member.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

PTO VICE PRESIDENT

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor - ###

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					✓
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

HELPS TO GEAR DECISION MAKING ON POLICIES IMPLEMENTED OR VOTED ON WITHIN COUNCIL.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

HELPS IN DECISION MAKING WHEN VOTING ON THINGS THAT WILL IMPACT STUDENT LEARNING.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

School Council Member

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

N/A - will be beneficial as I am a council member -

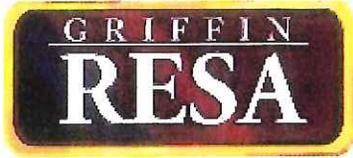
7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

N/A

8. Additional Comments:

valuable information - good discussion

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Parent

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
My knowledge of the subject has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I consider this workshop or course worth my time and effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

[Empty text box]

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

[Empty text box] *It gave us food for thought as to how we need to move forward with our educational process.*

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input checked="" type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
My knowledge of the subject has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I consider this workshop or course worth my time and effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Continued discussion/understanding of balance with basics & 21st Century Skills

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

Practices will continue to develop towards Personalized Learning.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

Done >>

This workshop
was very helpful.
I really enjoyed
the discussions.
It allowed
me to gain
new understanding
of important
topics.



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input checked="" type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
My knowledge of the subject has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I consider this workshop or course worth my time and effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Good info for board members

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

Provided time for good conversations

Done >>



Griffin Regional Educational Service Agency

440 Tilney Avenue
Griffin, GA 30224
Phone: 770-229-3247
FAX: 770-228-7316
www.griffinresa.net

Serving South Metro County School Systems since 1966
BUTTS - FAYETTE - HENRY - LAMAR - NEWTON - PIKE - SPALDING - UPSON
Dr. Stephanie L. Gordy, Executive Director

**Griffin RESA
Local Board Governance Training
December 14, 2016
Common Topics and Issues**

System	Name	Signature
Hickory Flat Charter Elementary	Victoria Whitten	
	Julie Davies	
	Heather Cloud	
	Mary Jo Jester	
	Beverlee Brewington	
	Dewayne Grant	
	Tiffany Lanier	
	SANDRA JOSEPH	
	Jeanelle Jenkins	



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Parent

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

Parent

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
My knowledge of the subject has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I consider this workshop or course worth my time and effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

We will keep the conversation going as to what needs to be improved.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
My knowledge of the subject has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I consider this workshop or course worth my time and effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Instructor - ###

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Relay info to teachers

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

Clear vision of expectations for teachers/ students

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
My knowledge of the subject has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I consider this workshop or course worth my time and effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

I am no longer employed as an educator.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

N/A

8. Additional Comments:

Great job! Thank you
for your contribution!

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor - ###

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

[Empty text box for implementation description]

This helped me better understand the process better.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

[Empty text box for anticipated impact description]

8. Additional Comments:

Done >>

I enjoyed this workshop. I thought it was worth my time. I learned a lot through the meaningful discussions.



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

School Council ~~meeting~~

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
My knowledge of the subject has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I consider this workshop or course worth my time and effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Instructor - ###

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

NA

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

NA

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

By sharing with fellow co-libs in my school.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

Student learning will increase

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>				
My knowledge of the subject has increased.	<input type="radio"/>				
I consider this workshop or course worth my time and effort.	<input type="radio"/>				

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>				

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>				
The instructor responded appropriately to questions and comments.	<input type="radio"/>				

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>				

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>				

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

PTO VICE PRESIDENT

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor - ###

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

Done >>



440 Tilney Avenue
 Griffin, GA 30224
 Phone: 770-229-3247
 FAX: 770-228-7316
 www.griffinresa.net

Griffin Regional Educational Service Agency

Serving South Metro County School Systems since 1966
 BUTTS - FAYETTE - HENRY - LAMAR - NEWTON - PIKE - SPALDING - UPSON
 Dr. Stephanie L. Gordy, Executive Director

**Griffin RESA
 Local Board Governance Training
 January 18, 2017
 State Model Code of Ethics**

System	Name	Signature
Hampton Elementary Charter School	Brian Keefer	
	Rene Flournoy	
	Amy Hall	
	Leslie H. Jordan	
	Mary Ann Mitcham	
	Georgia Ferche	
	ARLEY HOWE	
	Ivonne Cuevas-Ramirez	
	Johane St. Aime	



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Governance Council Member

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Will advocate accordingly to our ethics and bylaws #

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

Hoping more

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
My knowledge of the subject has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I consider this workshop or course worth my time and effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Procedures/Policy of School Operations.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

Positive Environment

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|--|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input checked="" type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Application to Governance Council Practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

Focused review of CSIP

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

n/a

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

n/a

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

I will implement the knowledge and skills in day to day teaching and governing council meetings.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

Student learning will be increased through ethics and showing how much we care and want him/her to learn and succeed.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input checked="" type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor - ###

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

I will use the info. provided to ensure I am following Code of Ethics

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

NA

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|--|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input checked="" type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

Governans Council Member

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
My knowledge of the subject has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I consider this workshop or course worth my time and effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

N/A

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

N/A

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Governance Council Member

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor - ###

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Be a better council member

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

Done >>



440 Tilney Avenue
 Griffin, GA 30224
 Phone: 770-229-3247
 FAX: 770-228-7316
 www.griffinresa.net

GRIFFIN REGIONAL EDUCATIONAL SERVICE AGENCY

Serving South Metro County School Systems since 1966
 BUTTS - FAYETTE - HENRY - LAMAR - NEWTON - PIKE - SPALDING - UPSON
 Dr. Stephanie L. Gordy, Executive Director

**Griffin RESA
 Local Board Governance Training
 January 18, 2017
 Effective School Strategic Planning**

System	Name	Signature
Hampton Elementary Charter School	Azrey Lowe	
	Mary Ann Mitcham	
	René Flournoy	
	Brian Keeler	
	Johane St. Aime	
	Amy Hall	
	Georgia Ferche	
	Josne Cuebas-Ramirez	
	Lestrel Jordan	



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Governance Council Member

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

3. Instructor - ###

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

N/A

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

N/A

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

parent

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

n/a

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

n/a

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor - ###

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Apply to strategic planning.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

—

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Charter Governance Council

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

Governance Council Member

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input checked="" type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

- This information will be used to ensure our school goals are measurable

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- | | |
|---|---|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Graduation Coach |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Instructional Coach |
| <input checked="" type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Paraprofessional | |

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

This will help me in my planning in my classroom.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

I will have more insight in strategic planning with my long term goals.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Aligning goals & focusing on the backward design.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

Looking deeper to improving student learning.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor - ###

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

Done >>



440 Tilney Avenue
 Griffin, GA 30224
 Phone: 770-229-3247
 FAX: 770-228-7316
 www.griffinresa.net

GRIFFIN REGIONAL EDUCATIONAL SERVICE AGENCY

Serving South Metro County School Systems since 1966
 BUTTS - FAYETTE - HENRY - LAMAR - NEWTON - PIKE - SPALDING - UPSON
 Dr. Stephanie L. Gordy, Executive Director

Griffin RESA
Local Board Governance Training
March 22, 2017
Disciplinary Codes of Conduct

System	Name	Signature
Hickory Flat	Dewayne Grant	<i>Dewayne Grant</i>
	SANDRA JOSEPH	<i>Sandra Joseph</i>
	Mary Jo Jester	<i>Mary Jo Jester</i>
	Victoria Whitten	<i>Victoria Whitten</i>
	Heather Crowl	<i>Heather Crowl</i>
	Jeanelle Jenkins	<i>Jeanelle Jenkins</i>
	Beverlee Brewington	<i>Beverlee Brewington</i>
	Julie Davies	<i>Julie Davies</i>

Tiffany Lanier *Tiffany Lanier*



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Partner in Ed

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Information was new - will help when questions come up re. discipline

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

NA

8. Additional Comments:

Very informative

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

Will use for future Governance Council sessions.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

It gave a better understanding of my role.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Parent

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

I don't teach but it is good to know

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

I am more knowledgeable and understand school challenges.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

N/A

8. Additional Comments:

Great information!

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
My knowledge of the subject has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I consider this workshop or course worth my time and effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

I learned a lot about the role of discipline

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

+ some of the rules / laws that limit educators.

8. Additional Comments:

Done >>

This was
a great
training.
Lots of
great
discussion.



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

Governance Council Member

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor - ###

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

knowledge of the subject.

The instructor communicated clearly and effectively.

The instructor responded appropriately to questions and comments.

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

Materials and exercises were clear and relevant to the workshop or course.

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

Course Content will be applied to my future educational practice.

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

learned some good information about schools and their rights

8. Additional Comments:

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

District-level Administrator

Graduation Coach

School-level Administrator

Instructional Coach

Classroom Teacher

Support Staff

Counselor

Not Currently Employed

Paraprofessional

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
My knowledge of the subject has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I consider this workshop or course worth my time and effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Instructor -

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					

The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
--	-----------------------	-----------------------	-----------------------	-----------------------	----------------------------------

The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
---	-----------------------	-----------------------	-----------------------	-----------------------	----------------------------------

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

To further educate Parents, students + other teachers at my school.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

Art to understand school codes and expectancy

8. Additional Comments:

love, loved our sessions! 😊 Awesome instructor

Done >>



Exit this survey >>

A SURVEY TEMPLATE

A Survey Template

PLACE COURSE DESCRIPTION HERE

1. Please choose the title below that best fits your current status as an educator:

- District-level Administrator
- School-level Administrator
- Classroom Teacher
- Counselor
- Paraprofessional
- Graduation Coach
- Instructional Coach
- Support Staff
- Not Currently Employed

Other (please specify)

2. Workshop or Course Content

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Objectives were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
My knowledge of the subject has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I consider this workshop or course worth my time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

3. Instructor - ###

	Not at All	Very Little	No Answer	Somewhat	Absolutely
The instructor demonstrated thorough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	Not at All	Very Little	No Answer	Somewhat	Absolutely
knowledge of the subject.					
The instructor communicated clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The instructor responded appropriately to questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. Materials

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Materials and exercises were clear and relevant to the workshop or course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

5. Implementation

	Not at All	Very Little	No Answer	Somewhat	Absolutely
Course Content will be applied to my future educational practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Describe how you will implement the knowledge and skills gained in this workshop or course in your educational practice.

I learned more about the process for appeals.

7. Describe the anticipated impact of this workshop or course on student learning within your educational practice.

Thinking ahead, we should look into more ways to be proactive.

8. Additional Comments:

Done >>



GRIFFIN REGIONAL EDUCATIONAL SERVICE AGENCY

Serving South Metro County School Systems since 1966
BUTTS - FAYETTE - HENRY - LAMAR - NEWTON - PIKE - SPALDING - UPSON
Dr. Stephanie L. Gordy, Executive Director



440 Tilney Avenue
Griffin, GA 30224
Phone: 770-229-3247
FAX: 770-228-7316
www.griffinresa.net

Local Charter School Board Members – 2016-2017

Hampton Elementary Charter School

Ivonne Cuebas-Ramirez
Brain Keefer
Rene' Flournoy
Johane St. Aime
Ashley Smith
Georgia Ferche
Mary Ann Mitcham
Amy Hall
Arley Lowe
Leslie Jordan
Silvia DeRuvo

Hickory Flat Charter Elementary

Victoria Whitten
Julie Davies
Heather Cloud
Mary Jo Jester
Beverlee Brewington
Dewayne Grant
Tiffany Lanier
Sandra Joseph
Jeanelle Jenkins