

# Professional Learning Event Exit Survey

Please complete this  
form to receive your  
Professional Learning  
Certificate.

Date \_\_\_\_\_ Facilitator \_\_\_\_\_

Topic \_\_\_\_\_

Please indicate the degree to which you agree or disagree with the following statements:

## Quality of the Professional Learning Event

Strongly  
Disagree

Disagree

Neutral

Agree

Strongly  
Agree

The facilitator was knowledgeable of the materials discussed

☐☐☐☐☐

The facilitator was organized and prepared

☐☐☐☐☐

I was satisfied with the facilitator

☐☐☐☐☐

The content and materials were presented in a way that was easy to understand

☐☐☐☐☐

I was satisfied with the content and materials presented

☐☐☐☐☐

## Applicability of the Professional Learning Event

Strongly  
Disagree

Disagree

Neutral

Agree

Strongly  
Agree

The content and materials were relevant to my profession

☐☐☐☐☐

I will apply the information learned from this PL event to my profession

☐☐☐☐☐

The materials and examples used were inclusive (i.e., applies to all children of all abilities and diversities)

☐☐☐☐☐

The PL event allowed me to collaborate and network with other Early Childhood Educators

☐☐☐☐☐

**Support for the Professional Learning Event**

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

I believe that the service where I work will support me in implementing the knowledge gained from this professional learning event

☐   ☐   ☐   ☐   ☐

**Overall, how would you rate your satisfaction with the Professional Learning Event?**

Very Dissatisfied   Dissatisfied   Neutral   Satisfied   Very Satisfied

☐   ☐   ☐   ☐   ☐

**Do you have any suggestions for how this PL event could be improved? Please describe:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_