Warren County Special Services School District
1500 Route 57, Suite 1
Washington, NJ 07882
Tel. 908-835-1004 Fax 908-835-1042

IN-SERVICE EVALUATION

Title:_____Date: ____/____/_____

Presenter:_____

Please assist us in evaluating the effectiveness of this in-service. Your comments are greatly appreciated and needed to determine future in-service scheduling and planning.

1. How effective was the presentation on this topic?

2. Was the information provided applicable to your assignment?

3. What are your recommendations for improvement or expansion on this topic?

4. Are you aware of another speaker in this field who makes presentations on this topic?

   Name:

   How speaker can be contacted

5. Do you feel this is a topic that needs to be addressed annually in WCSSSD's in-service program?

Name:_____Date:____/____/_____