

**STAFF SURVEY PROFESSIONAL DEVELOPMENT & MASTER PLAN EFFECTIVENESS**

1. How satisfied are you with the quality of professional development opportunities that the district and SAU have made available to you this year. (Please circle one)

- |                      |              |                   |           |                   |
|----------------------|--------------|-------------------|-----------|-------------------|
| 1                    | 2            | 3                 | 4         | 5                 |
| very<br>dissatisfied | dissatisfied | mixed<br>feelings | satisfied | very<br>satisfied |

2. How satisfied are you with the type of professional development opportunities that the district and SAU have made available to you this year. (Please circle one)

- |                      |              |                   |           |                   |
|----------------------|--------------|-------------------|-----------|-------------------|
| 1                    | 2            | 3                 | 4         | 5                 |
| very<br>dissatisfied | dissatisfied | mixed<br>feelings | satisfied | very<br>satisfied |

If opportunities for specific types of professional development that you needed were not made available in-district during this past year, please list these below:

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3. In your selection of professional development activities during this past year, what level of focus was there upon your district's/school's stated goals(Please circle one)

- |             |     |          |      |              |
|-------------|-----|----------|------|--------------|
| 1           | 2   | 3        | 4    | 5            |
| very<br>low | low | moderate | high | very<br>high |

4. Please indicate what level of focus upon your district's/school's stated goals was evident this past year in professional development opportunities made available at your school. (Please circle one)

- |              |      |          |        |                |
|--------------|------|----------|--------|----------------|
| 1            | 2    | 3        | 4      | 5              |
| very<br>weak | weak | moderate | strong | very<br>strong |

5. Please indicate the level of assistance that the SAU #53 Professional Development Plan provided you in the planning of your professional development. (Please circle one)

- |                |        |      |      |              |
|----------------|--------|------|------|--------------|
| 1              | 2      | 3    | 4    | 5            |
| very<br>little | little | some | much | very<br>much |

6. Please estimate the level of effect that your professional development during this past year will have in improving the achievement of your assigned students. (Please circle one)

- |                |        |      |       |       |
|----------------|--------|------|-------|-------|
| 1              | 2      | 3    | 4     | 5     |
| very<br>little | little | some | large | great |

**(Please also complete backside of form)**

7. Please list specific areas of professional development that will be important to you and to your assigned students during the next school year in:

A. Your subject area(s) and/or area(s) of specialization

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B. Your knowledge of learners and learning

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C. Stated goals of your team(s) and/or school

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8. Please feel free to share any other comments you may have pertaining to professional development.

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9. Please indicate the year you are currently completing in your 3-year state certification cycle. (Please circle one)

Year 1

Year 2

Year 3