LEARNING OUTCOMES SELF-ASSESSMENT
AND
IMPACT ON PROFESSIONAL PRACTICE
ACT 48 Non-Credit Activity
West Chester University

Your Name: _____

Title of Activity:_____

Date of Activity**:** _____

Please respond to each item by circling the number which best describes your opinion. (5 = Extremely Well through 1 = Not Well). Write an evaluative comment on each item as it applies to your teaching.

A. Outcomes: As a result of this activity, I am able to…

	Extremely Well		**Not Well**	
5	4	3	2	1

1.

2.

5	4	3	2	1

3.

5	4	3	2	1

B. Impact on Professional Practice   **Extremely Well**   **Not Well**

1. This activity enhanced my content knowledge
    in my area of certification   5   4   3   2   1

2. This activity impacted my teaching skills   5   4   3   2   1

3. This activity provided information/skills to analyze
    and use data in decision making for instruction   5   4   3   2   1

4. This activity provided knowledge/skills to work
    effectively with colleagues   5   4   3   2   1