PROFESSIONAL DEVELOPMENT
FOLLOW-UP FORM

NAME______________________ DATE________________________

SCHOOL_____________________________

Conference/Workshop/Seminar title _______________________________

Dates(s)________________________ Location________________________

Other participants from your school/district__________________________________________

Objective for attending_____________________________________________
___________________________________________________________________________

Summary of training_______________________________________________
___________________________________________________________________________
___________________________________________________________________________

Connection with CSIP of Individual Professional Growth Plan:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

How will you implement what you have learned? (Be specific)
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Would you recommend this training for others? Why or why not?_________
___________________________________________________________________________

EVALUATION: PLEASE CIRCLE

0   2   3   4        5

NOT BENEFICIAL------------------------------------------------------------OUTSTANDING

Make a copy of this form for M. Kay Quire (District PD Coordinator), your Principal, and one for yourself. Submit within 30 days of training for PD credit.