

PROFESSIONAL DEVELOPMENT ACTIVITY REPORT FORM

Name of Participant: _____

Name of Activity: _____

Date(s) of Activity: _____

Location of Activity: _____

Specific Objectives (District, Professional Development Committee, or Professional Development Plan): _____

Summary of Activities: _____

Length of Activity (Beginning and Ending Time for each day): _____

Evaluation of Activity: Please rate 1 2 3 4 (4 being the highest). Please explain your thinking. _____

This form must be given to the building level administrator within 10 days of attending the activity. Fill out both sides of this form.

WORKSHOP REVIEW AND REFLECTION

Workshop Title: _____

1. Identify the ideas or strategies that you learned in this workshop that have the most useful applications for your classroom and/or work.

2. How have the knowledge and skills you learned in this workshop changed the way you teach or work with others in your job?

3. What impact do you think these changes could have on your students or work environment?

4. Have you made any plans to continue to develop the knowledge or skills you have learned in this course?

5. What questions do you still have?

6. In what areas did the facilitator excel or do well in this workshop?

7. What areas/techniques could the facilitator improve when doing this workshop again?
