

PROFESSIONAL DEVELOPMENT EVALUATION

NAME OF PARTICIPANT: _____ POSITION/TITLE: _____
(Teacher, Counselor, Administrator, etc.)

PROFESSIONAL DEVELOPMENT ACTIVITY: _____

DATE(S) OF ACTIVITY: _____

PRESENTER: _____ LOCATION: _____

How did this professional development activity address the IGP/CIP goals I have as a teacher?
Comments:

What ideas have you acquired from the readings and/or workshop that can be integrated into your classroom?

Describe how you will implement a strategy from the professional development.

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How will you determine the growth in student learning as a result of implementing the strategy?

How will you use this knowledge to plan future instruction?

NEEDS ASSESSMENT – I would like additional information, additional training, etc. on:

Signature: _____ Date: _____