Sunflower County Consolidated School District
“United for Excellence”

Out of District Professional Development Feedback Form

1. How did the training/meeting help you become more effective? __________________
   _______________________________________________________________________

2. How will you implement /share information obtained from the training/meeting? _____
   _______________________________________________________________________

3. When and where will you implement/share information obtained from the
   training/meeting? List the time and location. ________________________________
   _______________________________________________________________________

4. Who will benefit from your attendance/participation of this training/meeting?
   _______________________________________________________________________

5. What did it cost the district to have someone cover for you while you were away?
   (Ex: 1 day of Substitute Pay)
   _______________________________________________________________________

6. Were students affected by your absences? (If so, How many?) _________________
   _______________________________________________________________________

7. How much will it cost to reproduce share what you have learned? _______________
   _______________________________________________________________________

Staff Member Signature: _______________________________________________________________________

Principal/Supervisor: _______________________________________________________________________

Federal Programs/Professional Development _______________________________________________