

Name _____

Date _____

School/Department _____

Title of Training _____

Date(s) of Training _____

Location _____

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 _____