

**DESCRIPTION OF A PROFESSIONAL DEVELOPMENT ACTIVITY
FOR CEUs**

Form must be submitted no later than two weeks before activity please.

Approved Provider: Manchester Public Schools Provider #: 077

Title of Activity: _____

School or Townwide Department: _____

Staff Member Responsible: _____

Location of Activity: _____

Date: _____ **Time Period of Activity:** _____

Activity Number Assigned:

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(to be assigned by Central Office)

Name of Presenter/ Facilitator: _____

Activity Objectives:

Identify Needs Addressed:

Learning Outcomes:

Effects on Improved Student Learning:

Additional Requirements for Successful Participation: Active Participation in Workshop

Attach outline of Activity or Descriptive Brochure **Total Contact Hours**
(include instructional time only)

Please return to the Office of the Assistant Superintendent, Central Office.

Professional Development Evaluation Form
PLEASE RETURN ONE FORM DONE AS A COMPOSITE OF ALL FORMS.
DO NOT SEND ALL FORMS.

Workshop Title: _____

Location: _____ School or Department: _____

Workshop Date: _____ Time: _____

1. **Relevance** Did this workshop address topics relevant to your role?

1	2	3	4	5
NO				YES

2. **Future Use** Do you believe that you will have occasion to use concepts or materials from this session?

1	2	3	4	5
NO				YES

3. **Substance** How substantial was the content of this session?

1	2	3	4	5
NO				YES

4. **Methodology** Did the presenter use effective techniques for accomplishing the purpose of the session?

1	2	3	4	5
NO				YES

5. **Follow Up** Would you be interested in additional information on this topic?

1	2	3	4	5
NO				YES

Suggestions:

6. **Overall Rating** Taking all the above factors into account, how would you rate this session in comparison with all in-service workshops you have attended in terms of percentile? Please check mark on percent line.

0 10 20 30 40 50 60 70 80 90 100
One of the worst Average One of the best

6. **Organization** How effective was the Staff Development Committee's planning for today?

1 2 3 4 5
Poor Excellent

Your Role: Administrator _____ Teacher _____ Aide _____ Other _____

Comments: _____

Please return this form to your building staff development coordinator.

Staff Development Coordinator: Please attach ONE composite evaluation to your sign-in sheets and cover sheet and return to the Office of the Assistant Superintendent for Curriculum & Instruction, Central Office. Thank You!!!