

Quitman County School System

**PROFESSIONAL DEVELOPMENT EVALUATION**

**To be completed and turned in to the school principal one week after attendance at activity or conference, and after no more than two additional weeks forwarded to the Professional Learning Coordinator.**

Name: \_\_\_\_\_

Date of Training/conference: \_\_\_\_\_

Training/conference: \_\_\_\_\_

Place of Training/conference: \_\_\_\_\_

1. Plan for redelivery:

Date: \_\_\_\_\_ Redeliver to: \_\_\_\_\_

2. Attending this training/conference will change my instruction or leadership in the following ways:

3. Classroom Implementation: (if applicable) I will implement what I learned at this training/conference on \_\_\_\_\_ (date) for observation from an administrator or designee.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/designee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Professional Learning Coord.'s signature: \_\_\_\_\_ Date: \_\_\_\_\_