

***Conecuh County Board of Education
Professional Development Evaluation***

Please evaluate the workshop/conference that was attended on _____.

Name of Workshop/Conference _____

Rate the Workshop/Conference from 1 to 5: _____
Rate Scale: (Not Helpful) 1 – 2 – 3 – 4 – 5 (Extremely Helpful)

How will you utilize the information/materials received at the Workshop/Conference in your daily work schedule?

***Completed evaluation must be turned in with your travel reimbursement documentation.**

***Reimbursement for travel/expenses can not be processed until evaluation form has been received.**

NAME

SCHOOL

SIGNATURE

DATE