**TITLE II - A CONFERENCE/COURSE EVALUATION**

**Teacher Professional Development**

|  |
| --- |
| The **Goal** of my attendance is to meet the High Quality Professional Development checklist and to Advance our school’s Professional Development Plan by participating. |
| **Teacher’s Name:**    **School: \_**    **Conference/Course Title:**    **Dates: Location:** |
| 1. What sessions did you attend if concurrent choices are offered? |
|  |
| 2. What specific knowledge/skills did you gain to assist with your schools’ plan to promote professional development? |
|  |
| 3. What professional development activities will you provide for your school staff, e.g., sharing ideas in faculty meetings or informal conversations? |
|  |
| 4. What will your professional development activities focus on, e.g., a collaborative process and/or strategies to help you apply what you have learned? |
|  |
| 5. What will be your challenges/opportunities after you have attended this conference/course? |
|  |