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**TITLE III Activity/COURSE EVALUATION**

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| The **Goal** of my participation is to meet the goal of the standard indicated on the Criteria for Approval and to advance our school’s services to EL students by participating.  |
| **Teacher’s Name:** **School: \_****Activity/Course Title:** **Dates: Location:**  |
| 1. What activity did you participate in? Were concurrent choices are offered?  |
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| 2. What specific knowledge/skills did you gain to assist with your schools’ plan to promote activities for EL students or professional development for teachers?  |
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| 3. Are there any professional development activities that you will provide for your school staff, e.g., sharing ideas in faculty meetings or informal conversations?  |
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| 4. What will your activities focus on, e.g., more tutoring, increased professional development, a collaborative process and/or strategies to help you apply what you have learned?  |
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| 5. What will be your challenges/opportunities after you have attended this activity/course?  |
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