SAU #1 ConVal School District

Professional Development Evaluation Form

Form is due within 60 days of the completion of the activity!

The goal of Professional Development is to enhance individual and organizational capacity to improve student learning through knowledge of subject and content areas, learners and learning and effective teaching strategies and best practice.

Name: _____ **Date**:_____ **School**: _____**Position:** _____

State the school, district, or professional growth goal that is being addressed through this staff development activity.

Activity Title/Date and Description of Activity: (If you need more space, attach additional sheets)

_____

_____

_____

_____

Did this activity relate to your professional growth plan? Yes No
Did this activity relate to district/school goal? Yes No
Would you recommend this activity to other staff members? Yes No

Describe how this activity relates to your plan or district/school goal. ***(Be clear and specific.)***

_____

_____

_____

_____

_____

Hours in each area of recertification. (If you have more than one endorsement in Area 1, please indicate to which endorsement you would like your hours to be placed.)

	Endorse #1	**Endorse #2**	**Endorse #3**	**Endorse #4**	**Endorse #5**
1. Knowledge of subject or field of specialization	_____	_____	_____	_____	_____
2. Knowledge of learners and learning	_____				
3. Knowledge of effective developmentally appropriate teaching strategies and best practices.	_____				

REQUEST FOR PAYMENT

Registration/Lodging Fee: _____ **Course/Tuition Fee**: _____ **Payment Approved by PDC** _____

Advanced Payment Received: **Yes or No** **Contact Hours**: **Own Time**: _____ **District Time**: _____

Signature: _____ **Supervisor Signature**: _____

Special Ed Admin. Signature:_____

Print Three Copies: (For Special Ed Staff)
Staff Member Copy ☐ School Copy ☐ Professional Development Copy ☐ Finance Copy ☐

FOR COMMITTEE USE ONLY: PDC Authorized Signature: _____

Proposal No: _____ Amount Approved: _____ Account #: _____

Date Received: _____ Recertification Hours: _____ PGUs: _____

Approved May 2007