

School District of Ashland
Professional Development Assessment/Follow Up

Name: _____ School: _____ Date: _____

Conference/Activity attended: _____ Dates: _____

Things I learned:

Actions I am going to take based on what I learned:

What session or topic was most relevant? Why?

How was information shared with other educators (be specific)?

I felt this conference was: very beneficial somewhat beneficial not beneficial

Participant signature: _____ Date: _____

This information has been discussed and shared with other educators.

Building Principal signature: _____ Date: _____

Send completed form to Director of Curriculum and Instruction at the District Office.