

MID-STATE SPECIAL EDUCATION

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Professional Development Evaluation – Reflection of Activities

To be completed by staff within three (3) days of returning
from a professional development activity

Name _____

Date _____

District _____

School _____

Grade/Subject _____

Years of Experience _____

1. Please complete the following information regarding the Professional Development Activity:

Name of Activity: _____

Location: _____

Number of CPDU's and/or Graduate Credits Received: _____

Date(s) of Activity: _____

Speaker(s): _____

For the following questions, please write on the back or on a separate sheet of paper:

2. What was the main purpose of this activity and what were the objectives?

3. Why did you attend this particular activity?

4. Upon reflection, what did you learn that could assist you in the classroom for improving instruction?

5. How will you use the knowledge or skills gained in the classroom? List at least 3 ideas.

**Please include a copy of the agenda and/or bulletin of the activity
and submit to the MSSE Office.**