

# **MID-STATE SPECIAL EDUCATION**

Bobbi Fisher, Director

PO Box 46, 202 Prairie ~ Morrisonville, IL 62546

Phone: (217) 526-8121 ~ Fax: (217) 526-8205

[www.midstatespec.org](http://www.midstatespec.org)

## **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.**