Glen Ridge Public School
Professional Development Evaluation Form

Staff Member: ____________________________  Date: ________________
(Print Name)

Workshop/Conference Title: ____________________________________________

Presenter(s): _______________________________________________________

Subject Area/Specific Topic: ____________________________________________

Grade Level: ______________

Overall Evaluation of the workshop/conference: ____________________________

______________________________________________________________________

What information from this workshop would be valuable for other staff members? How
do you plan to share this information?
______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

How is the information from the workshop valuable/applicable for Glen Ridge students? How
do you plan on utilizing this information with your students?
______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Received: ____________________________  Date: ________________
Administrator