

CONFERENCE EVALUATION FORM

Name _____

School _____ Position _____

Name of Conference _____

Date of Conference _____

Location of Conference _____

(Attach program and/or handout)

Summarize the session(s) that you attended. _____

What aspects of the program are you going to apply to your area of responsibility?

Who do you feel in the district could benefit from your experience?

What method of sharing information would you suggest? (In-service, workshop, building meeting, etc.)

Please rate this program on a scale of 1 (poor) to 5 (excellent):

1 2 3 4 5

Additional comments: _____

Please submit this form to the Associate Superintendent's Office.