

Amesbury Public Schools

Professional Development Workshop/Conference Information

School Year 11-12

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Name of Attendee: \_\_\_\_\_ School: \_\_\_\_\_

Workshop/Conference Title: \_\_\_\_\_

Date Attended: \_\_\_\_\_

Presenter's Name and Contact Information: \_\_\_\_\_

Please rate the presentation you just attended (Please circle appropriate number):

	Excellent	Very Good	Good	Poor
Quality of ideas	4	3	2	1
Practicality	4	3	2	1
Relevance	4	3	2	1
Need in this district	4	3	2	1

Would you recommend this workshop to other personnel? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments \_\_\_\_\_

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