

Appendix 6

Name:

Date of Activity:

Professional Day Report Form

It is the intent of this form to identify those activities or programs that you have found to be positive and are worthy of consideration by other teachers for staff development purposes.

Likewise, it is important to identify those experiences that are not worthy of other staff consideration. Your attention to the areas below will help the District develop a resource bank for future use.

1. Professional Day Activity: Description, length of activity, location, etc.

2. Activity Rating: Circle one: Fair, Good, V. Good, Ex.

3. Implications for Other District Staff - If applicable, should we consider inviting the presenter to our District, send other people to future presentations, purchase materials presented, etc.?

4. Other Comments.

Note: Would you be willing to share your experiences with other staff?
Presentation_____ Printed materials_____ Other_____ (Please state)

Receipt: _____ Date: _____

Original: Supervising Administrator
Signed Copy: Professional