

Bellmawr Public Schools Professional Development

Employee's Name _____ Date _____

Workshop #1 Title of Workshop: _____

Purpose of Workshop: _____

Person Conducting the Training: _____

Evaluation: Excellent _____ Good _____ Fair _____ Poor _____

Comments: _____

Workshop #2 Title of Workshop: _____

Purpose of Workshop: _____

Person Conducting the Training: _____

Evaluation: Excellent _____ Good _____ Fair _____ Poor _____

Comments: _____

Workshop #3 Title of Workshop: _____

Purpose of Workshop: _____

Person Conducting the Training: _____

Evaluation: Excellent _____ Good _____ Fair _____ Poor _____

Comments: _____

Workshop #4 Title of Workshop: _____

Purpose of Workshop: _____

Person Conducting the Training: _____

Evaluation: Excellent _____ Good _____ Fair _____ Poor _____

Comments: _____

Employee's Signature _____