

OAK GROVE R-VI School District
Professional Development Evaluation

Name _____ Building _____ Date(s) of Activity _____

Name of Activity _____ Total Hours of Activity _____

The Professional Development Learning Opportunity provided information and techniques that I will use to increase student achievement and to enhance my professional skills:

(Circle one) Extensively Occasionally Rarely Never

I would recommend the PDLO activity to other staff members: (Circle one) Yes No

Why or why not?

In your own words, reflect on how your students or the district as a whole will benefit or improve as a result of your participation in the activity:

How will you share what you learned at the PDLO?

A. _____ in department meeting

B. _____ in grade level meeting

C. _____ in other building or district meeting (Specify) _____

When will you share what you learned at the PDLO? _____

What additional professional development opportunities would be beneficial to you in improving your professional skills?

Signature of Participant(s): _____ Date: _____

Turn in your PD Evaluation form to the Central Office – Human Resources immediately following the completion of the PDLO activity. Participant should keep a copy in his/her Professional Development file.

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