

**SAU-WIDE/DISTRICT-WIDE PROFESSIONAL DEVELOPMENT SPONSORED
ACTIVITIES EVALUATION FORM**

Use to verify and evaluate professional development activities presented or sponsored by SAU 16
Professional Development Committee or Individual Schools

_____	Hours	
Name	_____	1. Knowledge of Field/Subject
	_____	2. Character/Citizenship
	_____	3. Professional Skills
	_____	4. Knowledge of Learners and Learning
School/Town	_____	5. Knowledge of School Role
	_____	6. Exploratory or Innovative Activities
	_____	7. Technology
Title of Activity	_____	* Total Hours
	_____	* Increment

Date		

If hours are under #1, please list certification(s) _____

Evaluation (on a scale of 1 to 5, **5 is high**) _____

Explain your rating of this activity _____

_____ Date _____ Professional Development Representative(s)

Please return this half to your Professional Development Representative(s)

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	_____	7. Technology
Title of Activity	_____	* Total Hours
	_____	* Increment

Date		

Please keep this half for your records.