

ELLWOOD CITY AREA SCHOOL DISTRICT
Professional Education Plan/Act 48 Form
COMPLETION OF THIS FORM IS THE OFFICIAL RECORD OF YOUR ATTENDANCE

Elementary & Secondary

Date(s) Attended: _____

Name: _____ Prof. ID#: _____

Address: _____

Building: _____ Grade/Subject: _____

Name of Workshop/Seminar: _____

Instructor/Presenter: _____ Workshop Location: _____ Hours _____

* When attending **OUT OF DISTRICT** presentations, workshops, conferences/seminars for which you **ARE** given official Act 48 documentation (certificate of attendance, etc.), you need only complete the form and attach a copy of the documentation.

* When attending **OUT OF DISTRICT** presentations, workshops, conferences/seminars for which you are **NOT** given any official Act 48 documentation (certificate of attendance, etc.), please attach a copy of the agenda, note the hours, complete this form and have the presenter sign.

Signature of Presenter _____ **Hours** _____

- In both scenarios, you must submit copies to the ECASD Superintendent's Office for the district Act 48 files and retain the **originals** for *your* Act 48 files.

* For **IN DISTRICT** planned professional development/in-service activities, you need only complete and submit the information at the top, the feedback information below and the evaluation (reverse side). Make a copy only if you want one; originals will be kept on file in the district Superintendent's Office. Thank you.

Using a 1 - 5 continuum, with "5" representing your highest rating, please respond to the following. If there is a statement that you feel is not relevant, then indicate "NA" for not applicable. Thank you.

- _____ 1. The content of the course/activity is relevant and appropriate to my professional responsibilities.
- _____ 2. The content and delivery of the course/activity was well organized and kept my interested/involved.
- _____ 3. The presenter(s) objectives were clearly stated.
- _____ 4. The activities and assignments were relevant to the objectives.
- _____ 5. All of the necessary materials/equipment/resources were provided or made available.
- _____ 6. As an educator, I am better informed on this particular topic as a result of this course/activity.
- _____ 7. As a result of my participation, I have gained knowledge or skills that will enhance my professional performance.
- _____ 8. I would recommend this program as one that all staff members might experience for professional development.
- _____ 9. The presenter(s) possessed facilitation skills that made the course/activity a positive learning experience.
- _____ 10. I experienced positive interactions with others and I felt comfortable expressing my thoughts/ideas.
- _____ 11. Of all the various professional development experiences I have had, I would rate this course/activity/workshop.

Please complete both sides.

revised Sept. 2002

●What aspects of the session were most helpful to you?

●How do you plan to share this information with other teachers? (This question must be answered.)

●How do you plan to incorporate what you learned at this conference/workshop in your teaching?
(This question must be answered.)

●What suggestions would you offer to improve upon this program?

●What other course/activity/workshop subject matter would interest you?

●General Comments:

Please complete both sides.