

Professional Development Impact Survey



Participant's Name: _____ District: _____

Workshop: _____ Date: _____ Time: _____

Presenter(s): _____

1. You recently attended the above-named professional development. Please take a moment to complete this survey. Refer to your Professional Development Reflection Plan as you complete the table.

Category:	What I learned:	How did I use it: (Teacher practice)	How these changes affected student performance:

2. If you can, attach evidence that illustrates the change in teacher practice and student performance, as stated above. (*i.e.*, procedural checklists, logs, journals, lesson plans, student work and/or data.)

3. Would you like any follow-up ___ Yes ___ No What kind of follow-up: _____

Your E-mail: _____

Return to: Staff and Curriculum Development, via the BOCES daily delivery or Instructional Support Services, 6678 County Road 32, Norwich, NY 13815.