

Professional Development Course Evaluation Form

Arlington Central School District

Name: _____ **School:** _____

Date: _____

Title of Activity _____

Date(s)/Time(s) Staff Development Occurred _____

1. Describe the new learning you acquired as a result of this staff development opportunity.

2. Discuss how you have applied or plan to apply this new learning in your classroom or program. *(If applicable, please feel free to attach evidence of this accomplishment, e.g.: lesson plans, student work samples.)*

3. Discuss the effect your new knowledge and skills may have or has already had on student learning. How do you know this?

4. Overall, this staff development was highly productive (circle one):
strongly agree agree undecided disagree strongly disagree

**Submit this form to your course instructor or to the
Office of Professional Development at CAO.
REMEMBER TO SUBMIT A COMPLETION CERTIFICATE FOR COURSE
AND HOURLY CREDIT**

Staff Member's Signature (optional)