

Carroll County School District

PO Box 256 Carrollton, MS 38917

662-237-9276

Professional Development

Conference Follow-up Survey Form

Name

School/Office

Today's Date

Date(s) of Conference

Title of Professional Development attended

Goal of Professional Development: _____

Was the professional development activity informative: _____ Yes _____ No

Will this professional development activity help you perform your job better? _____ Yes _____ No

Did you share or present this information with your colleagues? _____ Yes _____ No

If so with whom and when? _____

How to you plan to use this information in your classroom or building level? _____

Would you recommend this training for your colleagues? _____ Yes _____ No