

Please check one or more that applies:

- Application for CEU
- Documentation for 100 Hours
- Voucher Compensation
- I was the facilitator/instructor

TOMS RIVER REGIONAL SCHOOLS PROFESSIONAL DEVELOPMENT DOCUMENTATION FORM

Name _____ Date Submitted _____

School _____ Assignment: _____

Presenter _____ Program Date (s): _____

Program Title _____

Program Location _____ Program Sponsor _____

EVALUATION

Rating (Circle One)	Excellent	Good	Satisfactory	Fair	Poor
Overall Relevance to Assignment	5	4	3	2	1
Presenter's Knowledge	5	4	3	2	1
Relationship to classroom practice	5	4	3	2	1

List exact activity/workshop times: _____ lunch/break times: _____

Total exact hours: _____ (100 Hours Documentation Only)

Describe how you will relate this information to your daily practice:

Additional comments and concerns: _____

Attendance Verification Signature: _____

Administrator/Supervisor/Facilitator

Staff Member Signature: _____