

Application for CEU:

**TOMS RIVER REGIONAL SCHOOLS
CONTINUED EDUCATIONAL UNITS
DOCUMENTATION FORM**

Name _____ Date Submitted _____

School _____ Assignment _____

Program Title _____

Program Date(s) _____ Program Location _____

Program Sponsor _____

EVALUATION

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

List exact workshop times _____ Lunch/break times _____

Total exact hours _____

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

Additional comments and/or concerns: _____

Attendance Verification Signature _____

(Administrator/Supervisor/Facilitator)

Staff Member Signature _____