HAMILTON COMMUNITY CONSOLIDATED SCHOOL DISTRICT NO.328

EVALUATION FORM FOR WORKSHOPS, INSERVICES, AND CONTINUING EDUCATION

Employee Name:Position/Level:		Title of Program:				
Attendance was:	Voluntary	Date: Location:				
		Sponsored By:				
DI 1' .	.1					
Please list program strei	ngtns:					
Please list program wea	knesses:					
70		W 0				
Please tell how this conference aligns with ILS:						
How will participation is	n this program ben	efit your students?				
	F 8					
On a scale of 1-5, with 3	5 being the highest.	, please rate the quality/usefulness of this program.				
Would you recommend	this program to of	hers?				
would you recommend	tills program to ot	ners:				
		·				
Other Comments:						
For Office Use Only						
Tor Office Use Offiy						
Grant						
Account No						