



PROFESSIONAL DEVELOPMENT COMMITTEE FOR SUPPORT STAFF
EVALUATION FORM

NAME: _____ POSITION TITLE: _____

SCHOOL: _____

Title of Course/Conference: _____

Date of Course/Conference: _____

Location: _____

Did you find this development beneficial? Why or why not?

Would you recommend this development to others? Why or why not?

What resources might you have to share with others:

Additional Comments:

Please Note: Employees who have received professional development funds must be willing to serve as a resource on the subject matter, should the need arise.

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