

Lakeland School District
Conference/Workshop Evaluation Form

This form must be submitted within two weeks from the conclusion of the conference/workshop attended.

Name: _____

Title of Conference/Workshop: _____

Date(s) of Conference/Workshop: _____

General Summary of Conference:

Which programs or topics were most useful to you?

What instructional improvements do you plan to make through your attendance at the above programs? Please be specific.

What suggestions do you have for instituting any of the innovative practices learned from this conference/workshop?

Signature

Date

If additional space is needed in answering the above, please use reverse side of this form.