

**FOLLOW-UP - STAFF ATTENDANCE AT
MEETING/WORKSHOP/CONFERENCE**

Staff Member (Please Print Name) _____ Date(s) Attended _____

Title of Meeting _____

Location _____

INFORMATION REGARDING MEETING:

TOPIC: _____

MAIN SPEAKER(S): _____

SPECIFIC AREAS OF CONCERN: _____

EVALUATION: _____

RECOMMENDATIONS: _____

Date Received at Office of the
Superintendent
(Use continuation sheet, if necessary)

Signature _____ Date _____