

ACT 48 Participation & Evaluation Form

[Required For All Conferences / Workshops / Meetings / In-Service Programs]

Name _____ Position _____

PPID No. _____ Building _____ Date of Workshop/Conference/Meeting _____

Act 48 Course/Activity Title _____

Act 48 Subject Area: _____ Act 48 Sub-Category: _____

Site/Location _____

Act 48 Credit? YES _____ NO _____ If Yes, Number of Act 48 Hours _____
(Documentation Required)

Name of Instructor/Presenter/Provider _____

Course/Activity found on Page _____ # _____ Letter _____ of Act 48 Plan.

1. Purpose for attending conference/workshop/meeting:
2. Briefly summarize the conference/workshop/meeting. Use additional sheet(s) if necessary.
3. Indicate how the conference/workshop/meeting will help you in your current position.
4. How do you plan to share the information learned with colleagues?
5. Please evaluate the total program by checking any of the following that apply:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Applicable</u>
Presentation					
Organization					
Content					
Practical Application					
Materials					

Please complete form within one week of attending the Act 48 activity and submit to Superintendent's Office. Form must be completed in order to receive Act 48 hour(s).

Employee's Signature _____ Date _____

Instructor/Presenter's Signature _____ Date _____

Act 48 Chairperson's Signature _____ Date _____