

FOREST CITY REGIONAL SCHOOL DISTRICT
Continuing Professional Education / Conference Request

Name: _____ Date Submitted: _____

Date & Time of Workshop: _____

Conference/Workshop Title: _____

Location: _____

What do you expect to gain by attending this conference/workshop?

How do you plan to share the information that you learned at this conference/workshop with your department and/or Forest City Regional School District colleagues?

Substitute Required? _____ Yes _____ No

If yes, date(s) required— _____

Leave to include lodging and travel expenses? _____ Yes _____ No

Please list all costs below:

Transportation – miles: _____ @ \$0.725/	_____
mile Lodging – # nights _____ @ _____ /	_____
night= Registration	_____
Parking/Tolls	_____
Substitutes – # days _____ @ \$196.35/day	_____

Budget Code: _____

Total Trip Cost _____

****All receipts must be submitted in order to be reimbursed**

For office use only:

_____ Approved _____ Not Approved

Principal

Date

Superintendent

Date

FOREST CITY REGIONAL SCHOOL DISTRICT

Conference Evaluation Form

Conference Workshop Title: _____

Date of Workshop: _____ Duration (Hours): _____

Presenter: _____

Circle the Letter of Goal(s) Addressed—

- A. Incorporate current educational trends, practices, and philosophies into the teaching/learning processes.
- B. Communicate more effectively with the learning community—students,
- C. Increase knowledge and application in the effective use of technology in instruction and management.

Circle the number that applies—

	Strongly Agree					Disagree
Information presented was valuable and relevant.	5	4	3	2	1	
Information was clearly presented.	5	4	3	2	1	
Presenters were organized and interesting.	5	4	3	2	1	
Questions were adequately addressed.	5	4	3	2	1	
Handouts/materials were appropriate.	5	4	3	2	1	

What information was of greatest value to you?

How will you use this information to benefit students?

How will you share the information that you learned at this conference/workshop with your department and/or Forest City Regional School District colleagues?

Name: _____ Date: _____

Any additional comments or recommendations for future workshops or professional development opportunities: