

**GLENDORA UNIFIED SCHOOL DISTRICT**

**Conference Evaluation**

Date \_\_\_\_\_

Name \_\_\_\_\_ Dept. Or School \_\_\_\_\_

Name of Conference \_\_\_\_\_

Date(s) \_\_\_\_\_ Hours Attended: \_\_\_\_\_ Place \_\_\_\_\_

Purpose of Conference \_\_\_\_\_

What Did You Learn? \_\_\_\_\_

What Do You Plan To Do With What You Learned? \_\_\_\_\_

CONFERENCE _____ VISITATION _____ WORKSHOP _____	YES	NO	NO OPINION
1. Was this conference of benefit to you?	_____	_____	_____
2. Would you recommend attendance at this conference in the future?	_____	_____	_____
3. Have you applied ideas and techniques from this conference?	_____	_____	_____
4. Would you like additional conference workshops on this subject?	_____	_____	_____
5. Were ideas and techniques presented at conference appropriate/ applicable for your use?	_____	_____	_____

GOOD 1    AVERAGE 2    POOR 3

OVERALL RATING \_\_\_\_\_

My signature certifies my attendance at the above conference: \_\_\_\_\_

FUNDING SOURCE	
SIP	
Site Block	
Ed Services	
Staff Development	
SB 1882 (9-12)	
Eisenhower	
DATE	
Other	

**Please return this form to Educational Services**