PROFESSIONAL LEAVE SUMMARY

Please Remit With Expense Envelope

NAME _____ DEPARTMENT _____

NAME OF CONFERENCE OR ACTIVITY _____

DATE(S) OF LEAVE _____ LOCATION _____

Place a check mark beside the number that best represents your satisfaction with the inservice/conference:

Unsatisfied **Very Satisfied**

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

This inservice/conference would be categorized as:

_____ **INFORMATION** The person attends a meeting to become aware of a topic. These meetings are usually short and cover many items or are short meetings introducing a subject.

_____ **KNOWLEDGE** The presenter has a presentation on a topic providing information and materials that may allow the participant to personally use the information or share it with others.

_____ **SKILL TRAINING** The presenter provides information and materials, demonstrates specific skills, and has the participant practice the skills and checks for mastery of the skills.

_____ **SKILL ACQUISITION** The presenter provides the skills training described above and returns later to see if skills are understood and being used. Reteaching may be required.

WHAT HAVE YOU GAINED FROM THIS INSERVICE?

_____

_____

_____

HOW WILL YOU USE THE INFORMATION TO ENHANCE SERVICES TO STUDENTS?

_____

_____

_____

HOW WILL YOU SHARE WHAT YOU HAVE LEARNED WITH OTHERS IN ESU#1?

_____

_____

_____

Click Here to Submit