MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT

REPORT OF PROFESSIONAL DAY ACTIVITIES

Name: _____ Date: _____

Building: _____ ☐ Applies to my PIP

Position: _____

# of Professional Development Hours _____ Applicable Core Curriculum Standards _____

Professional Activity:

Title: _____

Date: _____

Location: _____

Summary of Activity:

_____

_____

_____

_____

_____

Evaluation: The overall quality

_____ Excellent _____ Worthwhile _____ Poor _____ Was Not What I Expected

The appropriateness and usefulness of the content was:

Excellent	Good	Satisfactory	Poor
4	3	2	1

What did you learn that will help you in the classroom/ related field?

_____

_____

_____

_____

_____

Attach copy of material that you feel is valuable to your program and/or other programs.

Report must be submitted to immediate Supervisor within 5 working days.

Last Revised 7/24/08