

Willis I S D  
PNP Staff Development Evaluation



Campus of Participant:

Date of Workshop:

Workshop Title:

Workshop Presenter:

Today I learned:

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In my classroom I will implement:

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Select One:

| Value of Workshop |   |   |      |
|-------------------|---|---|------|
| Low               |   |   | High |
| 1                 | 2 | 3 | 4    |
|                   |   |   |      |

| Ease of Implementation |   |   |      |
|------------------------|---|---|------|
| Low                    |   |   | High |
| 1                      | 2 | 3 | 4    |

Participant Name

Participant Signature