Pearland I S D
PNP Staff Development Evaluation

Campus of Participant: Select One

Date of Workshop:

Workshop Title:

Workshop Presenter:

Today I learned:

In my classroom I will implement:

Select One:

Low	**Value of Workshop**		*High*
☐ **1**	☐ **2**	☐ **3**	☐ **4**
Low	**Ease of Implementation**		*High*
☐ **1**	☐ **2**	☐ **3**	☐ **4**

Participant Name **Particpant Signature**