

Daniel L. Goodwin College of Education

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fax: (773) 442-5510**NEIU INTERNAL EVALUATION FOR WORKSHOP,
CONFERENCE, SEMINAR, ETC.****DIRECTIONS:** Please complete and return this form to the presenters of the professional development activity.
Providers must retain this form for a minimum of three (3) years for ISBE auditing purposes.

TITLE OF PROFESSIONAL DEVELOPMENT ACTIVITY	Date	(Insert Date Here)
LOCATION (Facility, City, State)	(Insert Location Here)	
NAME OF PROVIDER	(Insert Provider Here)	

Indicate the outcome of this professional development by telling us the following;

4 – Strongly Agree 3 – Agree 2 – Somewhat Agree 1 – Disagree

- _____ This professional development impacted me as an educator, and student growth in regards to content knowledge or skills, or both?
_____ This professional development impacted me as an educator, and student socially and emotional growth, or both?
_____ This professional development aligns with my district, or school improvement plans?