

Senath-Hornersville C-8 Schools

Report Activities Form

PDC

This form must be completed for any activity attended, even if reimbursements are not being requested. Please answer all questions as completely as possible. These answers will be used for future reference by PDC. Failure to fill out this report will result in NO reimbursement for expenses and/or possible approval of future requests. Please attach this form with your reimbursement receipts. PDC will submit reimbursements to Tina Davis for payment.

Date turned in to PDC Member _____

Name of Participant(s) _____

Name of Event Attended _____

Date(s) of Event Attended _____

1. Please write a BRIEF description of the event (include name of event).

2. Please rate the following categories on a scale of 1 to 5, with 5 being the highest rating and 1 being the lowest rating.

| Category | 1 | 2 | 3 | 4 | 5 |
|--------------|---|---|---|---|---|
| Speaker(s) | | | | | |
| Material(s) | | | | | |
| Workshop(s) | | | | | |
| Organization | | | | | |

Comments: _____

3. How do you intend to apply the information obtained during the activity? _____

4. How will the application of obtained information promote student success? _____

5. Were there any problems or concerns during the workshop? (i.e. poorly organized) _____

6. Reported information to principal on _____ (date)

Principal's signature _____

7. Shared/trained information with _____ on (Date) _____

8. Will follow-up activities be required or planned? _____ If so when? _____

(continue on back of form)

9. Please attach to this form copies of any materials which need to be reported or distributed (if any).