Take a minute to tell us how we are doing and how we can make things better for you!

Activity Name: ___________________________________________
Activity Date & Time: ______________________________________
Presenter: _______________________________________________

1. What did you like most about the Professional Development activity?

2. What changes could be made to make the Professional Development activity better?

3. What other Professional Development activities would you like to see on the schedule?

4. Do you have any other suggestions or comments?

Thank you for your input!