

Neshannock Township School District Office of the Superintendent

Feedback from Conference/Workshop Form

The purpose of this form is to summarize your observation and reaction to a conference/workshop that you have recently attended. This form is to be completed and forwarded to the Superintendent within ten (10) days of your attendance at such conference/workshop.

Conference Attendee's Name			Date
Con	ference/Workshop Title		
Conference/Workshop Facility		Location	Date
1.	Observation: Specifically describe your observation. (What, specifically, did you see and hear that is relevant and adaptable to your job-related situation?)		

Feedback Report Form (continued)

2. Reactions:

A. Describe favorable reactions to the conference/workshop. (What did you observe that impressed, or had a positive impact, on you?)

B. Describe your plan for specifically implementing ideas that were generated at the conference/workshop.

C. Describe any unfavorable reaction to the conference/workshop.

3. Other commentary or feedback: (Attach an additional sheet(s), if necessary.)