

MEMORANDUM

TO: INDIVIDUALS ORGANIZING STAFF DEVELOPMENT ACTIVITIES

Enclosed you should find the following items:

1. ***Staff Development Rosters*** - Included are daily sign-in sheets and a summary attendance sheet, which is used to indicate who is getting credit. Return the summary sheet with your summary evaluation form at the conclusion of the workshop. Indicate dates and times on the sheet.
2. ***Staff Development Evaluation Form*** - Each participant should complete an evaluation form and make a commitment to use some aspect of the training. **(Do not send this form to central office).**
3. ***Summary Evaluation Form*** - The person organizing the staff development activity should summarize the evaluations. Tell number of yes's and no's on question 1, 2, and 3. Abbreviate and summarize comments in the boxes for question 4 and 5. (For example - if 5 people commented on a cold room temperature, note room too cold - 5 or if 10 comments relating to motivation say motivating experience - 10.) Only summary sheets will be kept on file.
4. Participants should file the certificate of credit for their record. A copy of the summary roster will be forward to the Personnel Office for posting of credits. **It is not necessary for participants to send a copy of their certificate of credit to the Human Resources' Office.**

NOTE: *Certificates of credit will be sent to the person organizing the staff development activity after the summary attendance and summary evaluation sheets have been received and reviewed by the Staff Development Coordinator.*

**PUBLIC SCHOOLS OF ROBESON COUNTY
STAFF DEVELOPMENT SUMMARY ROSTER**

Title of Workshop: _____

Date (s): _____

| Return this form to Central Office with Summary Evaluation Form | | TIME | | | | | | | | | | | | |
|---|---------------------------------------|----------|---|---|---|---|---|---|---|---|---|----|----------------------|--|
| List Roster by Credit Total (the least to the most) | | DATE | | | | | | | | | | | | |
| Participant (Type or Print) | Social Security # Last (4) Numbers | School # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Total Credits Earned | |
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Principal/Supervisor _____ **Staff Development Coordinator** _____

Public Schools of Robeson County Staff Development Evaluation Form

Title of Workshop: _____

Please respond to the following questions based on your workshop experience.

1. Did the workshop serve your needs? Yes () No ()

Comment: _____

2. Will the workshop content allow you to be more effective in carrying out your duties and responsibilities? Yes () No ()

Comment: _____

3. What did you like most about this workshop?

4. How can this workshop be improved?

5. How do you plan to use what you learned in this workshop when you return to your school/worksite?

6. Do you think this workshop will be helpful to you in developing and implementing your school improvement plan? Yes () No ()

Why or why not? _____

**Public Schools of Robeson County
Staff Development Summary Evaluation Report**

Title of Workshop: _____

Location and Date: _____

1. Did the workshop serve your needs?
Yes _____ # No _____

2. Will the workshop content allow you to be more effective in carrying out your duties and responsibilities?
Yes _____ # No _____

3. Do you think this workshop will be helpful to you in developing and implementing your school improvement plan?
Yes _____ # No _____

Comments:

| What did participants like most about the workshop? | Suggestions for improving the workshop |
|---|--|
| | |