White-Reimbursement Claim copy
Canary-Reimbursement Claim copy
Pink-Principal or Program
Goldenrod-originator

SALINAS UNION HIGH SCHOOL DISTRICT
REPORT ON CONFERENCE/WORKSHOP/ACTIVITY ATTENDED

NAME_____ SCHOOL_____

CONFERENCE/WORKSHOP/ACTIVITY ATTENDED_____

(1) What is your overall opinion of the workshop/conference/activity

(Circle One) Outstanding Poor

5 4 3 2 1

(2) What School Plan objective(s) was (were) addressed?

_____

_____

(3) List three (3) or more strategies/ideas for improving instruction acquired by attending this conference/workshop/activity. (Use back of form if necessary)

_____

_____

_____

(4) Briefly outline how you plan to disseminate ideas and/or information acquired to your peers.

_____

_____

(5) Would you recommend this type of conference/workshop/activity for your fellow staff members?

_____

(6) Other Comments_____

_____

Date_____ Signature_____

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