PDSL EVALUATION FORM Complete for each CEU/PDU activity listed on PDSL-3.

ACTIVITY TITLE:			DATE:
	CEU's	PDU's	
1. How did this activi	ity support your IP	DP goal/Educator	Standard?
2. How have you imp	lemented what you	a've learned (relate	e to HQPD Standard)?
Was this activity v Would you recomm	worthwhile? mend this activity t	_yesto a co-worker? _	no yesno
Complete		LUATION FO	ORM listed on PDSL-3.
ACTIVITY TITLE:			DATE:
ACTIVITY TITLE: _ PD CREDIT:	CEU's	PDU's	DATE
		1200	
1. How did this activi	ity support your IP	DP goal/Educator	Standard?
2. How have you imp	lemented what you	ı've learned (relate	e to HQPD Standard)?
3. Was this activity v Would you recomm	worthwhile?	_yes1	no