

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

ACTIVITY TITLE: _____ DATE: _____

PD CREDIT: _____ CEU's _____ PDU's

1. How did this activity support your IPDP goal/Educator Standard?

2. How have you implemented what you've learned (relate to HQPD Standard)?

3. Was this activity worthwhile? _____yes _____no
Would you recommend this activity to a co-worker? _____yes _____no

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