

POLAND CENTRAL SCHOOL IN-SERVICE REPORT

In order to initiate payment for In-service, this completed form shall be submitted to the District Office.

Employee's Name: _____

Grade Level/Subject: _____

Title of In-service Activity/Program: _____

Name of Person presenting the Activity/Program: _____

Date of In-service Activity/Program: _____

Type of In-service Activity/Program: _____

(speaker presentation, workshop, conference, etc.)

Number of hours involved: _____

Positive Aspects of In-service Activity/Program: (Meaningful information you obtained.)

Rate the presentation of the In-service Activity/Program by circling one:

1 2 3 4 5
(Poor) (Excellent)

Rate the usefulness of the content of the In-service Activity/Program to your needs by circling one:

1 2 3 4 5
(Poor) (Excellent)

Would you recommend this In-service Activity/Program for other members of Poland's staff? ____

Yes___No

I attended the above In-service Activity/Program and received prior approval for payment from the Superintendent.

I should receive payment of \$ _____ . 00 for this In-service Activity/Program as within the contract.

REMEMBER PRIOR APPROVAL OF CONFERENCE IS NECESSARY FOR PAYMENT.

Signed _____

Date _____

