

Beresford Schools Professional Development TCAP Summer Curriculum Days Activity Evaluation Form

This evaluation form must be completed following the conclusion of your approved TCAP Professional Development Activity. **Please turn your TCAP Activity Evaluation Form into your building principals. The building principals will then submit your form to the business office for reimbursement.**

Teacher or Teacher Team involved: _____

Description of the Professional Development Activity:

Number of Actual Participants: Teachers _____ Admin. _____ Other _____

Evaluation of Activity: (attach necessary documentation/portfolio)

Date Received by Building Principal: _____ (Initials)

Date Received by Business Office: _____ (Initials)

Product of Professional Development Activity:

Product(s) or presentation(s) the participants generated as a result of the professional development activity.

- Describe the product(s) or presentation(s)
- Is the product available to others? If so, how?

Teacher or Teacher Team

Date

AUTHORIZATION FOR PAYMENT TO STAFF MEMBER (S)

The proposed activity has been satisfactorily completed and all required reports have been received. I hereby authorize payment to

_____ in the amount of \$ _____

to reimburse them for expenses approved for this project.

Building Administrator

Date