

COUNTY PROFESSIONAL DEVELOPMENT BOARD FEEDBACK SHEET

For District Professional Development Plans

Feedback Date _____

County _____

District _____

District Contact _____

Plan Element	Plan Rating (please circle the appropriate descriptor)	Comments
Needs Assessment	Target Acceptable Needs Revision	
Reflection	Target Acceptable Needs Revision	
Professional Development Goals	Target Acceptable Needs Revision	

Professional Development Opportunities	Target Acceptable Needs Revision	
Professional Development Resources	Target Acceptable Needs Revision	
Evaluation	Target Acceptable Needs Revision	

The _____ District Professional Development Plan has been approved for 2010 -2011.
Please be sure that the plan is formally approved by the District Board of Education.

The _____ District Professional Development Plan needs revisions in the areas noted above.
Please revise the plan and resubmit to the County Professional Development Committee by _____.

Signature of County Professional Development Board Chair _____ Date _____