

Original

Revision

Form – E W/C

## FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER EVALUATION OF WORKSHOP/CONFERENCE

**ATTACH** Certificate of Attendance or CEU documentation showing number of contact hours. Submit 2 copies. Please print legibly or type all information.

Name \_\_\_\_\_ Building \_\_\_\_\_

Date(s) \_\_\_\_\_ Place \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Title of workshop/conference \_\_\_\_\_

Contact Hours Obtained \_\_\_\_\_

**Write the letter corresponding to the IPDP Obj. which is supported by this activity.** \_\_\_\_\_

Summarize the workshop/conference

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What benefits of this workshop/conference can be shared with others? Please describe with whom and how you will share:

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Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**LPDC USE:**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ APPROVED for \_\_\_\_ CEU's

\_\_\_\_ NOT APPROVED

Comments: \_\_\_\_\_