

_____ Attended the Activity

_____ Did Not Attend the Activity

_____ Reimbursement Form Needed and Attached

_____ Reimbursement Form Not Needed

Activity Number _____

Yancey County Schools
High Quality Professional Development
Follow-up Accountability Form

Directions: When the follow-up activity has been implemented, it is the responsibility of the participant to complete and submit the Follow-up Accountability Form to the LEA Professional Development Coordinator with the reimbursement form and necessary receipts prior to getting reimbursed.

Purpose: Under NCLB, each LEA is required to measure, determine the effectiveness, and report annually on the success of high quality professional development.

Participant: _____

Professional Development Attended:

Date(s) Attended: _____ **Location:** _____

Principal's Signature: _____

Describe the follow-up activity you implemented as a result of attending the professional development activity listed above.

Rating Scale: 1 - 10
(one = lowest rating and 10 = highest rating)

Rate and describe how the professional development activity impacted the effectiveness of your teaching.

Rate: _____

Rate and describe how the professional development activity impacted your students' achievement?

Rate: _____
