



# Professional Development Assessment Form

Name: \_\_\_\_\_ Division: \_\_\_\_\_

Conference/Meeting Title: \_\_\_\_\_

Date of Conference/Meeting: \_\_\_\_\_

Location of Conference/Meeting: \_\_\_\_\_

The following questions allow you to provide feedback concerning your professional development experience. Please mark the appropriate response.

SA = Strongly Agree, A = Agree, N = No Comment, D = Disagree, SD = Strongly Disagree

Survey Item	SA	A	N	D	SD
1. I was satisfied with this Professional Development Activity.					
2. I would recommend this activity to a colleague.					
3. This activity provided the level of training and development anticipated or promised.					
4. I understand the Professional development funding process.					
5. I found the Professional Development funding process easy to follow.					

Additional considerations: (briefly comment)

1. Please describe the activity for which you received funding.

2. What part of this activity was the most beneficial in terms of your professional or personal development?

3. How do you plan to use or incorporate this experience into your work?  
(example: conference presentation, idea generation to be used in division)

\* To receive funding, this form must be completed and returned to CIC, A313.