

SHARPSVILLE AREA SCHOOL DISTRICT

ACT 48 CREDIT AND EVALUTATION FORM-To be filled out after completion of the activity.

You must complete and turn in this form to the Office of Student Services WITHIN 5 DAYS OF COMPLETION OF THE ACTIVITY to receive ACT 48 hours. If this form is incomplete, you may not receive any credit for this activity. Please print legibly, and sign the bottom of the form.

Name: _____

PPID: _____

Building: _____

Date of Activity: _____

Provider Name: _____

Activity Title: _____

ACT 48 Hours Earned: _____

Please rate the following by circling the number of your response

1= Poor 5= Excellent

Value of knowledge gained in this activity

1 2 3 4 5

Comments:

Instructor's ability to facilitate this activity

1 2 3 4 5

Comments:

Objectives were clearly stated

1 2 3 4 5

Comments:

Presenter met the stated objectives

1 2 3 4 5

Comments:

How will this information benefit you as you perform your professional duties? _____

What were the main strengths of this program? _____

How could this program be improved in the future? _____

Optional additional comments: _____

Signature: _____

Date: _____