

**Mercer County Special Services School District**  
**Workshop/Inservice/Conference Summary 2023-2024**

(Completed form due one week from the date of the conference. Please be sure to note the key issues addressed, relevance to improving instruction and/or operation of the district.)

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**Staff Name:** \_\_\_\_\_ **School/Program:** \_\_\_\_\_

**Workshop/Conference/Training:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_ **Discipline:** \_\_\_\_\_

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**Presenter(s):** \_\_\_\_\_

**Summary of Event:** \_\_\_\_\_

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**How this experience relates to my PIP or the building level objective:** \_\_\_\_\_

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**How I will share this information with MCSSSD colleagues:** \_\_\_\_\_

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\_\_\_\_\_ **I would/would not recommend this training/workshop for an MCSSSD Professional Development Day presentation because** \_\_\_\_\_

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**Contact Name/Phone #** \_\_\_\_\_

*Please return completed form along with supporting documents to:  
Curriculum Office – Attention: Gloria Rivera*