

Mercer County Special Services School District
Workshop/Inservice/Conference Summary 2022-2023

(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.)

Staff Name: _____ **School/Program:** _____

Workshop/Conference/Training: _____

Date of Event: _____ **Discipline:** _____

Presenter(s): _____

Summary of Event: _____

How this experience relates to my PIP or the building level objective: _____

How I will share this information with MCSSSD colleagues: _____

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

Contact Name/Phone # _____

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