

Edgewater Park Township Board of Education

EVALUATION FORM FOR TRAVEL EVENT

INSTRUCTIONS: Please submit this report to the business office within ten (10) calendar days of incurring the travel expenses.

Please print your name clearly

Name of school or department

- Training & Seminars
- Conventions & Conferences
- Regular School District Business
- Retreat

Event Title _____

Location _____

Date _____

PRIMARY PURPOSE FOR THE TRAVEL:

KEY ISSUES THAT WERE ADDRESSED:

RELEVANCE TO IMPROVING INSTRUCTION OR THE OPERATION OF THE SCHOOL DISTRICT:

Number of Professional Development Hours Earned: _____