Professional Development Exit Slip

Date _____ Type/Name of Professional Development _____

Presenter/Facilitator _____

1. Please rate the overall presentation on a scale of 1-5. 1 2 3 4 5
Low High

2. The purpose of the professional development was …… _____

_____

3. What I learned or found most useful was …… _____

_____

4. I was an active participant Yes No because _____

_____

5. This professional development could have been improved by _____

_____

6. I would like to learn more about ….. _____

7. Other comments: _____

_____