

Convention – Day Two:
 Date: Sunday, March 26, 2017

Times of sessions	Presenter(s)	Topic

Convention – Day Three:
 Date: Monday, March 27, 2017

Times of sessions	Presenter(s)	Topic

TOTAL HOURS REQUESTED: _____ HOURS **(May not exceed 6 hours for each day of a pre or post conference institute and 18 hours for the conference).**

* * * * *

I, _____, affirm that I earned ___ clock hours for actual attendance at this convention. I am not applying for college/university credit for this event. Also,

I, _____, declare under penalty of perjury under the laws of Washington that the foregoing is true and correct. The intentional misrepresentation of a material fact in this form subjects the holder to revocation of his/her certificate pursuant to Chapter 180-85 WAC.

Signature/Date

ASCD Annual Conference & Exhibit Show



EVALUATION FORM

Your Name:

Conference Year/City:

Please rate the following from 1 (low) to 5 (high):

A. Please rate the conference for content, knowledge, and information gained.

1 2 3 4 5

B. Rate the usefulness of the conference.

1 2 3 4 5

C. Rate the application and relevance of this to your daily efforts to improve student learning.

1 2 3 4 5

D. What are 3 facts that stood out from the conference?

E. In terms of process & professional development design, what are 2 good things about today?

F. What are 2 things you learned during the institute?