

Warren County Special Services School District  
1500 Route 57, Suite 1  
Washington, NJ 07882  
Tel. 908-835-1004 Fax 908-835-1042

**PROFESSIONAL DAY EVALUATION**

Name: \_\_\_\_\_ Date Attended: \_\_\_\_\_

Title of In-Service Conference/Workshop: \_\_\_\_\_

Written evaluation of workshop/in-service conference – to be handed in within three (3) days to the Principal.

List specific ways that you intend to implement in the classroom what you have learned at the workshop.

\_\_\_\_\_  
Participant's Signature