

**BAYONNE PUBLIC SCHOOLS**  
**PROFESSIONAL DAY EVALUATION**

To be submitted within 10 days of the professional day.

Name: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_

School: \_\_\_\_\_ House/Homeroom# \_\_\_\_\_ Department: \_\_\_\_\_

**Professional Day:**

Date(s) \_\_\_\_\_

Location: \_\_\_\_\_

Workshop Topic: \_\_\_\_\_

Presenter's Name: \_\_\_\_\_ (Attach Copy of Announcement)

**Evaluation:**

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**Describe How Information Will Affect Student Performance:**

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**Turnkey Information:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Audience: \_\_\_\_\_

I DO \_\_\_\_ DO NOT \_\_\_\_ RECOMMEND THIS PERSON FOR FUTURE INSERVICE IN OUR DISTRICT.

\_\_\_\_\_  
Signature Date

Reimbursement Total \$ \_\_\_\_\_  
(Attach all receipts)