

Name: _____ Personnel #: _____

School: _____ Date(s) of Training: _____

ELlevation and Curriculum Implementation

Prior to the PD

1. Please rate your current understanding of your responsibilities/tasks as ESOL contact at your school(s). Circle one:

- Very good understanding
- Some understanding
- Little understanding
- No understanding

After the PD

1. Please rate your current understanding of your responsibilities/tasks as the ESOL Contact at your school(s). Circle one:

- Very good understanding
- Some understanding
- Little understanding
- No understanding

2. Identify the top three priorities you will address when you return to your school and explain why.

3. Please share any areas of curriculum or compliance where you still need clarification/support: