SJCSD Educational Travel Evaluation Form

Submit to the Professional Development Contact or to the
SJCSD Professional Development Office for educational travel.

Teacher Name & eNumber:	School/Department:	Principal/Supervisor
Professional Travel	**Start Date**	**End Date**

TEACHER: Please provide a brief description of the unit taught using materials and ideas gained during the educational travel.

I observed the above unit taught by the named teacher:

Teacher Signature **Date**

Principal/Administrator **Date**