Staff CPD Feedback Form

Name:	Date of training session:
Title of training session:	Expected key learning from attending the training:
Is this CPD related to a key objective on the school's SIP? Yes/No If so, which ones?	How much did the training cost? Was it good value for money? Yes/No Would you recommend this training to others? Yes/No
What did you gain from attending the training? How is it going to develop your practice? How are you going to develop the practice of others following your training?	
When are you going to share this learning with the rest of the team?	Date form completed:

Please complete this form and email it back to Emma Humphrey within 5 days of your training session.