



HLC Accreditation Evidence

Title: Professional Development Form

Office of Origin: WCTE

Document Summary:

Professional Development Form

To be submitted after completing any Perkins-sponsored Professional Development activity.

Name: [Click here to enter text.](#)

Department: [Click here to enter text.](#)

Name of Activity: [Click here to enter text.](#)

Date of Activity: [Click here to enter text.](#)

Overall Evaluation: Please check the appropriate box for “overall” evaluation of conference – add additional comments if necessary)

Excellent Good Fair Poor

Comments: [Click here to enter text.](#)

NARRATIVE

1. **Give a brief summary of the conference (purpose/goals, attendee demographics, presenters, etc.)**

[Click here to enter text.](#)

2. **Who would benefit from the information you acquired at this conference? (Specific departments, divisions, faculty or support staff)**

[Click here to enter text.](#)

3. **What new insights did you gain?**

[Click here to enter text.](#)

4. **Discuss some of the sessions that you attended.**

[Click here to enter text.](#)

5. **How do you plan to incorporate the new information into your curriculum/job? (Be specific)**

[Click here to enter text.](#)

*Submit via email to:
gerritzenl@bartonccc.edu*