

**PROFESSIONAL DEVELOPMENT CONFERENCE REPORT TO C.T.A.**

***Attendance at Conference, Workshop and In-Service***

**Note:** C.T.A. Pro D. Policy states that payment for approved applications will be made only when the appropriate receipts and this report are received at the C.T.A. Office following the Pro D. Activity.

The purpose of this report is to provide for the evaluation of Pro D. In-Service activities which have been funded by the C.T.A./Board Professional Development fund.

**NAME:** (print) \_\_\_\_\_ **DATE OF CONFERENCE:** \_\_\_\_\_

**Title of Conference, workshop, etc.** \_\_\_\_\_

Workshop Leader: \_\_\_\_\_

Subject area (if applicable) \_\_\_\_\_

Appropriate grade level \_\_\_\_\_

**Summary of workshop/s** (this may be published)(continue on back if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Evaluation of Pro D. Activity:**           Extremely Useful \_\_\_\_\_  
  Useful                                    \_\_\_\_\_

  Useless                                 \_\_\_\_\_

How best could this information be shared? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be prepared to present this information in a workshop?

Yes \_\_\_\_\_ No \_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School** \_\_\_\_\_ **Date** \_\_\_\_\_

**Receipts must be attached to this Conference Report and received at the CTA Office (936-9971) within one month of the conference date.**