



# 22/23 PD Report

**Return This Form Within 2 Weeks of Your Return Date**

Your travel reimbursement will be processed upon receipt of this report & completed travel/expense reimbursement form (if applicable).

**PLEASE ENCLOSE COPY OF CONFERENCE FLYER WITH REPORT**

<b>Name:</b>	<b>School:</b>
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<b>Staff Development Activity:</b>	<b>Date/Location of Activity:</b>
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<b>Professional Development Sessions You Attended:</b>	<b>Presenter:</b>

## Teacher Action For Student Outcomes

Student and teacher performance to be improved as a result of this training. Check all that apply.

<input type="checkbox"/> Students will achieve higher academic skills levels: <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math <input type="checkbox"/> CTE students' technical skills levels will increase <input type="checkbox"/> Students' understanding of all aspects of industry will increase <input type="checkbox"/> My ability to assess student skills will be improved <input type="checkbox"/> More students will participate in my CTE program <input type="checkbox"/> More students will complete my CTE program <input type="checkbox"/> More special population students will complete my program <input type="checkbox"/> More nontraditional students will participate in program	<input type="checkbox"/> More nontraditional students will complete my program <input type="checkbox"/> More students in my program will participate in work-based learning such as cooperative work experience or internships <input type="checkbox"/> More students will participate in student leadership organization activities <input type="checkbox"/> More students will achieve 2+2 credit in my program <input type="checkbox"/> Other:
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List the specific steps you will take to achieve the outcomes checked:

Please rate the conference or training you attended by checking the following:

	Not Applicable	Good	Average	Poor
Relevance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitted By:

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**(Electronic Signature of requesting CTE Teacher)**

Approved By:

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**(Electronic Signature of CTE Regional Coordinator of Region 8)**