



25/26 Professional Development Report

Return this form IMMEDIATELY upon your return with the Reimbursement Form

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

Name		School	
Staff Development Activity			
Date/Location of Activity			

Professional Development Sessions You Attended	Presenter

Teacher Action For Student Outcomes

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

Student will achieve higher academic skill levels:	More nontraditional students will complete my program
Reading Writing Math	More students in my program will participate in work-based learning such as cooperative work experience or internships
CTE Students' technical skill levels will increase	
Students' understanding of all aspects of industry will increase	More students will participate in student leadership organization activities
My ability to assess student skills will be improved	
More students will participate in my CTE Program	More students will achieve 2+2 credit in my program
More students will complete my CTE Program	Other:
More special populations students will complete my program	
More nontraditional students will participate in program	

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				
Presenter				
Information				
Activities				
Materials				
Facility				

Submitted By:

(Electronic Signature of requesting CTE Teacher)

Approved By:

(Electronic Signature of CTE Region 8 Coordinator)