## Professional Development Completion Questionnaire

## *Please complete within 30 days following attendance of professional development opportunity and submit to the Human Resources Office with a copy of your Travel Reimbursement Form.*

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| --- | --- | --- |
| **Attendee Name:** Click here to enter text. | | |
| **Title of Workshop/Conference:** Click here to enter text. | | |
| **Dates of Attendance:** | | From: Click here to enter a date.  To: Click here to enter a date. |
| **Development Summary**  *Identify, specifically, what you have learned from this professional development opportunity that supports the enhancement of your job responsibilities and/or position at West Virginia Northern Community College and could justify future conference investments.* | | |
| **1** | Click here to enter text. | |
| **2** | Click here to enter text. | |
| **3** | Click here to enter text. | |

**Consideration for Future/Further Development**

*If information presented in a session or workshop could benefit the college, please share some of the highlights for further consideration.*

|  |  |
| --- | --- |
| **Session Title** | Click here to enter text. |
| **Session Presenter** | Click here to enter text. |
| **Session Summary** | Click here to enter text. |
| **Major Takeaways** | Click here to enter text. |
| **Action Items Identified** | Click here to enter text. |
|  |  |
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