

Professional Development Report Form

VU Discipline(s): Date of Session:

Location of Session: Start Time: End Time:

Liaison(s) Who Coordinated Session:

Liaison(s) Who Conducted Session:

Liaison(s) in Attendance Only\* (did not coordinate/conduct):

*\*May sign, below, in lieu of submitting a separate PD report*

\*\*Please attach detailed agenda, session materials, evaluations, and instructor sign-in sheet\*\*

Session Format / Delivery Method (check all that apply)

Discipline-specific training by liaison(s) or VU faculty  Guest Speaker  Dual Credit Instructor Presentations

Group/Round Table Discussion  Other:

Explain how the professional development activities further enhance course content, instructor knowledge, and/or development in the discipline *(attach additional pages, if necessary)*.

Report completed by: Date:

\*Attending Faculty Liaison Signature(s): Date:

*Typed name(s)serve as an electronic signature when this report is sent from a VU email address*