Staff Professional Development
Professional Development Activity Completion Form

Select Professional Development Type

Video	Online Training	Live Webinar	Off-campus event
☐	☐	☐	☐
Source: (i.e. Starlink, Conference, etc.)			

After participating in this session or watching the video, please complete this form. Keep a copy and return the original to your department head. If you have any questions, please call the SPD Office at 484-1754.

Please Print Clearly

Name: _____

Department: _____

Campus: _____

Classification:

☐ Adjunct Faculty ☐ Full Time Faculty
☐ Professional/Administrator ☐ Career Service ☐ Other

Title of Event: _____

_____

Date of Completion: _____

Category:

☐ Classroom Management (CLM)
☐ The Community College (CCP)
☐ Curriculum & Instruction (CUR)
☐ Learning Technologies (DLT)
☐ Legal and Other Issue Affecting Higher Education (LOI)
☐ Psychology of Learning (POL)
☐ Tests and Measurements (TAM)
☐ General Professional Development (GPD)

How did this professional development session(s)/event increase your knowledge, skills, ability or awareness of the topic presented?

How would you implement the lessons learned from this session(s)/event into your classroom curriculum or workplace?

How would you rate this resource in terms of enhancing your professional development here at Pensacola State College, and why? (**Scale 1-5**: **1**-Not Beneficial, **2**-Somewhat Beneficial, **3**-Neutral, **4**-Very Beneficial, **5**-Extremely Beneficial) ____

If this was an off-campus event, what session(s)/event did you attend? Include the number of hours for each item listed.

Please briefly describe the professional development session/event:
(Attach additional sheets if needed)

Viewer's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____