



*CONFERENCE REQUEST ID # _____

**WEST MIFFLIN AREA SCHOOL DISTRICT
PROFESSIONAL DEVELOPMENT POST-CONFERENCE REPORT**

TITLE OF CONFERENCE/WORKSHOP/TRAINING: _____

DATE: _____ LOCATION: _____

PARTICIPANT'S NAME: _____

POSITION: _____ SCHOOL: _____

Write a brief summary describing the objectives, topics, and content that was covered during this activity.

What do I expect as outcomes after attending this conference session/workshop?

How does this experience fit into my curricular area?

How can this information be used to accomplish departmental goals?

List a goal from the district or school Comprehensive Plan this PD will address?

Give an example of a (DOK Level 3) Strategic Thinking example that can be used with students as a result of the knowledge gained from the conference workshop.

By attending the conference, I acknowledge that the administration can request a presentation to the staff and/or school board directors. How will you share this information upon completion for the conference/workshop?

FORM SHOULD BE SUBMITTED TO SUPERINTENDENT'S OFFICE WITHIN 7 DAYS OF CONFERENCE

Signature: _____ Date: _____