

# Ohlone College Professional Development Activity Report

*Completion of this report is required for reimbursement of conference/course/project expenses.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title of Conference/Course/Project:

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*Please type your responses. Use additional pages if necessary. Thank you.*

1. Provide a brief summary of your professional development activity.

2. Assess outcomes for this activity by reflecting on what changes you have or will make in your instructional or job assignment as a result of what you learned.

3. Would you consider participating either in a flex day workshop or a faculty/staff brown bag forum related to this topic? If so, describe your vision of the event. Would you consider a collaborative effort with others? If so, with whom? (e.g. dialog within department)

Signature of Funding Recipient: \_\_\_\_\_

Approved for Reimbursement: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit this form, along with your "Claim for Travel/Conference Reimbursement" form to the Professional Development office. Your request for reimbursement will then be forwarded to Business Services for payment.*