

# OHLONE COMMUNITY COLLEGE DISTRICT PROFESSIONAL DEVELOPMENT ACTIVITY REPORT

*For reimbursement of funds, please submit the following items to Professional Development Coordinator within 2 months following the activity:*

1. All original receipts plus a copy of those receipts
2. Complete Activity Report below and
3. Conference/Course/Travel Claim form

*After approval by Professional Development Coordinator, your request for reimbursement will be forwarded to Business Services for payment. Keep copies for your records.*

**Applicant Name:** \_\_\_\_\_ **Applicant Email:** \_\_\_\_\_  
*(If there is no E-mail, provide phone #)*

**Title of the Conference/Course/Travel/Project:** \_\_\_\_\_

## **Section V: Activity Report:**

*Please type your responses. If necessary, use additional pages. Thank you.*

1. Provide a short summary of your completed professional development activity.

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2. Assess outcomes of 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.

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3. Would you consider participating either in a flex day workshop, Brown Bag forum or some other collaborative activity related to this topic? If so, describe your vision of the event.

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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be signed by Professional Development Coordinator only after final approval of funds reimbursement:**

**Professional Development Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_