



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