

Union County Educational Services Commission

STAFF DEVELOPMENT REPORT FORM

DATE SUBMITTED: _____

(MUST BE SUBMITTED WITHIN 30 DAYS AFTER DATE OF WORKSHOP/ACTIVITY)

EMPLOYEE'S NAME: _____ **School/Program:** _____

NAME OF WORKSHOP/STAFF DEVELOPMENT ACTIVITY: _____

LOCATION (CITY AND STATE): _____

DATE OF WORKSHOP/STAFF DEVELOPMENT ACTIVITY: _____

PRIMARY PURPOSE OF THE TRAVEL: _____

KEY ISSUES ADDRESSED AT THE EVENT: _____

RELEVANCE TO IMPROVING INSTRUCTION OR DISTRICT OPERATIONS: _____

