

Huntingdon Area School District
Professional Development Committee

CONFERENCE/WORKSHOP/VISITATION REPORT FORM

Name: _____ Date: _____

Building: _____

Date(s) and Site of Conference/Workshop/Visitation:

Name of Sponsoring Group/Institution/Presenter: _____

Please list specific sessions or observations and give a description of each:

In general, the overall conference was: (Please check one of the following.)

Excellent _____ Good _____ Fair _____ Poor _____ Other _____

Please list the date, location, and names of people with whom highlights of the conference will be shared:

This form must be returned to the Travel/Conference Committee within 30 calendar days of the conclusion of the conference.