



Staff Development Program (SDP) Activity Form (2017-18)

Participant Name:		Category: (choose one)	Professional	Service	Personal
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Name of Activity:	
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Date of Activity:		Length of activity in quarter hours (ex. 1.25):	
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Coordinator Name/Title:	
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Coordinator Contact:	Email:		Phone:	
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1. Describe the activity in detail.

2. Describe what you learned from this activity and tell how you expect to use what you learned in your job.

3. This activity was valuable to my personal/professional development.

(1 = strongly disagree, 5 = strongly agree)

1 2 3 4 5