Professional Development Activity Reflection

Name of Personnel:	
Date of Activity/Mtg.:	
# of Hours*:	Agenda Attached (Circle One): YES NO Agenda should be attached and on file.
Reaction to Activity/Mtg. & How You Will I	Use the Knowledge Gained (Minimum of One Paragraph):

Please Note: Self-study, meetings and volunteer activities may add up to no more than 1/3 of the total required professional development hours in a 12-month period. These activities must be documented and available for review by a licensing coordinator during program visits. This form has been created for documentation purposes and should be completed upon completion of activity attended.