

## POST-PD EVALUATION REPORT

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
Department: \_\_\_\_\_ PD Approval Number: \_\_\_\_\_  
Activity/Course Date: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Professional Development Activity/Course: \_\_\_\_\_

**Please note: Employee must submit Post PD report to supervisor for review and signature.**

1. Describe the main results of the activity/course, including the way it has advanced your career/professional development and role at UFV.
  - One to two paragraphs
  - If your original objectives have changed, please provide a rationale for the changes
  - If you completed a course provide an assessment of how the course impacted your professional development
  
2. Provide documentation of your participation in the activity/course.
  - If you presented, include your presentation
  - If you did not present, provide written, visual or other documentation (i.e. name tags, pamphlets, notes)
  - If you took a course or training, please provide a certificate or transcript
  
3. What elements of your Professional Development activity/course will you share with your colleagues and/or students, and how will you do so?

Supervisor Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_