

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: _____

Do you consent to have this report published on the HR Blog? Yes No