

# WAYNE TOWNSHIP PUBLIC SCHOOLS

## Post Professional Development and Travel Report

*Use this form following a convention, conference, professional meeting, or workshop attendance.*

Name: \_\_\_\_\_ Department/Grade: \_\_\_\_\_

Title of convention, conference, or workshop: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

*Use the following space to describe the **primary purpose** of the professional development activity and the **key issues addressed**:*

*Use the following space to explain the **relevance** to improving instruction or the operation of the school district<sup>1</sup>:*

<sup>1</sup> I understand that I will be expected to share information and materials with other staff members as appropriate.

Staff Member: \_\_\_\_\_  
Signature

Please submit this form  
**within 10 business days**  
of return.  
(per 18A: 11-12d)

Supervisor/Principal: \_\_\_\_\_  
Signature

Board Approval Date - \_\_\_\_\_

THIS FORM MUST ACCOMPANY ANY RECEIPTS FOR REIMBURSEMENT IF APPLICABLE.