



## Northern Tioga School District Conference Report Form

Employee Name (print):

School:

Conference/Workshop:

Location:

Date:

Funding for this conference/workshop was provided by (district funds, federal funds, grant funding, etc):

ATTACH THIS FORM TO REIMBURSEMENT REQUEST FORMS(S). YOU WILL NOT BE REIMBURSED UNTIL THIS FORM IS ON FILE IN THE FEDERAL PROGRAMS/CURRICULUM OFFICE.

This form should be submitted following the attendance to your conference/workshop. Please report the outcomes of your conference addressing the following questions where applicable:

- How did this activity enhance your professional growth and instructional skills?
- How will this activity have an impact on student learning?
- Would you recommend this activity to other staff members?
- How could you share the values of this professional activity with your colleagues?
- Suggestions for curriculum and/or in-service programs fostered by this activity.

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

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

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

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

Superintendent Signature: \_\_\_\_\_

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