

## Professional Development Leave Report

*Please complete (using additional pages as needed) and return to Bishop/PDL Committee within 30 days of the end of the program - Thank you.*

Name of Grant Recipient \_\_\_\_\_

Name and location of program \_\_\_\_\_

1. Summary of activities:

2. Did the program fulfill your goals and objectives? Please explain.

3. How do you evaluate the effectiveness of the offered program in accomplishing its own goals? What did you experience as the strongest points? The weakest?