



**GREAT FALLS
COLLEGE**
MONTANA STATE
UNIVERSITY

Professional Development Report

Date

Name

Title

Department

Grant (if applicable)

Index

Organization holding workshop/ttle, etc.

Workshop/Training title

Location

Dates

Briefly describe one or two concepts, techniques, knowledge updates, etc., that you learned at the conference.

Briefly describe any changes in curriculum, teaching delivery, etc., that you would like to implement following this workshop/training.