



## Professional Development Reporting Form

LC Work Scholars are required to complete two professional development workshops per semester. Complete the form below with the details of your professional development workshops and then email this document to the LC Work Scholars Office at [lcworkscholars@lcsc.edu](mailto:lcworkscholars@lcsc.edu). Your attendance must be confirmed by the presenter.

### Workshop #1:

Workshop Date:	
Workshop Title:	
Workshop Time: (Hours completed)	
Workshop Location:	
Name of organization or presenter:	
Description of workshop:	

Share one or two insights/experiences from the workshop that particularly resonated with you or inspired you.

How did the workshop contribute to your professional development goals?

By signing below, I confirm that the information I have provided above is accurate.

Work Scholar's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Workshop Presenter's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Workshop #2:

Workshop Date:	
Workshop Title:	
Workshop Time: (Hours completed)	
Workshop Location:	
Name of organization or presenter:	
Description of workshop:	

Share below the specific tools, strategies, or concepts from the workshop that you identified as useful.

What were the most significant takeaways from the workshop, and how do you plan to implement them in your academic or professional activities?

By signing below, I confirm that the information I have provided above is accurate.

Work Scholar's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Workshop Presenter's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_