PROFESSIONAL DEVELOPMENT GRANT ACTIVITY SUMMARY

1. Name:

_____

Title:

_____

Departmental Unit:

_____

Grant Date/Year:

_____

2. **Overview of Your Experience:** Provide a brief summary of your professional development (PD) activity.

3. Grant Objectives: Please provide a description of how the grant met the following objectives, *Individual Professional Development, Improved SoE Program Quality* and *Improved SoE Effectiveness*

4. **Sharing your experience:** How will you share knowledge and/or materials with the SoE/UW?

This summary report of the professional development award activities and accomplishments is required & necessary to be eligible for future grant consideration. This summary report is to assist with evaluation of the professional development grant program and shared relevant training information across SoE.

Complete and email this document to Teri Engelke, SoE Assistant Dean for Human Resources, teri.engelke@education.wisc.edu by 11:59 pm, July 31, 2015.