

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. You must have your attendance confirmed either by having the workshop presenter sign your page or by having them email us to confirm you attended the workshop.

Workshop #1:			
Workshop Date:			
Workshop Time: (Hours completed)			
Workshop Location:			
Name of organization or presenter:			
Description of workshop:			
Were there any insi you?	ghts or experiences from the wor	orkshop that particularly resonated with you o	or inspired
How did the worksh	nop contribute to your profession	nal development goals?	
By signing below, I	confirm that the information I h	nave listed above is accurate.	
Student Name (Firs	t and Last):	Date:	
Workshop Presente	r (First and Last Name)	Signature:	



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. You must have your attendance confirmed either by having the workshop presenter sign your page or by having them email us to confirm you attended the workshop.

Workshop #2:			
Workshop Date:			
Workshop Time: (Hours completed)			
Workshop Location:			
Name of organization or presenter:			
Description of workshop:			
Can you identify an useful?	y specific tools, strategies, or	concepts from the workshop that you	ı found particularly
	t significant takeaways from t rofessional activities?	the workshop, and how do you plan to	implement them in
By signing below, l	confirm that the information	I have listed above is accurate.	
Student Name (Firs	t and Last):	Date:	
Workshop Presente	r (First and Last Name)	Signature:	