

Wattsburg Area School District

Conference/Workshop Report Form

Name: _____

Building: _____

Subject/Grade: _____

Title of Conference/Workshop

Date Attended _____

How many Act 48 hours or credit(s) are you requesting for this conference/workshop?

_____ none

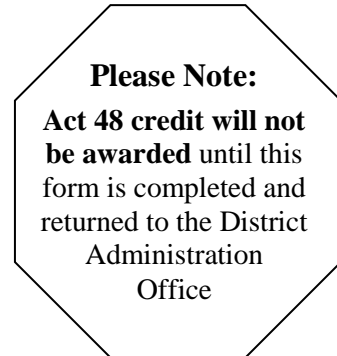
_____ Hours

_____ Credits

Please attach a copy of the agenda delineating date and specific times and other pertinent information.

Was this conference worthwhile? Why or why not?

How will you implement what you have learned in your classroom?



For Admin. Use Only
____ Provider to Process