

**WILLARD CITY SCHOOL DISTRICT  
PROFESSIONAL LEAVE REPORT FORM**

Name \_\_\_\_\_ School \_\_\_\_\_

Title of Conference \_\_\_\_\_

Date of Conference \_\_\_\_\_ Location \_\_\_\_\_

Conference Sponsor \_\_\_\_\_

**Describe 3 strategies or ideas that you obtained from this conference that can be used in your classroom or teaching / educational situation.**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Overall conference evaluation (Excellent, Good, Air, Poor)** \_\_\_\_\_

**Additional comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be completed by employee within **five (5) days** after attendance at professional meetings.  
Submit to the Superintendent's Office along with the Conference Reimbursement Form.