

**Professional Development Reflection Form**

**Name:**

**Email:**

***Please completely answer each question in order to receive professional development credit.***

1. Name three or more insights you gained from this professional development activity.

(Minimum 150 words)

1. How would you describe the insights stated above to your colleagues? Could you model the lessons or strategies to them? Explain. (Minimum 150 words)
2. What would you like more information on after reflecting on this professional development session? (Minimum 100 words)
3. Explain in detail how you incorporated this idea/strategy into the current courses you are teaching. Include a timeline of how this was accomplished. (Minimum 250 words)
4. How was this idea/strategy received by your students? Explain the reactions of one or more students. Remember, do not reveal names or other details protected by FERPA. (Minimum 200 words)
5. What is your long-term strategy to continue to incorporate this idea/strategy in your courses? Do you need additional resources? How would you measure the success of this strategy? *If you do not plan on using it again, please explain why.* (Minimum 300 words)
6. If you chose to participate in the social media component by posting on any of the Texas Developmental Education Professional Community Online (Texas DEPCO) social media platforms, please share what you posted here. Additionally, do you often use social media to find teaching resources, or to keep up with trends in postsecondary education? If so, which social media platforms do you use to acquire these resources? (No word limit)

In order to earn professional development credit, please make sure you have completed the following:

* Answer all questions, ensuring they are the required length
* Fill out the form completely
* Agree to the statement below, sign, and provide a work email address to receive completion certificate

I have completed the professional development form. The information I provided in this form is based off of my own experiences and insights.

Name: Date of completion:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work email address for completion certificate: