COMMUNITY PROFESSIONAL DEVELOPMENT ACTIVITY FORM (PDA)

Your Name _________________________________ Phone(s) _____________________

Activity and Date ____________________________________________________________

Location ____________________________________________________________________

Number of Clock Hours ______________

Person Responsible for Activity ________________________________________________

Phone __________________________ Number of Clock Hours ______________

Requirement for _____________________________________________________________

Course Name and Number _____________________________________________________

Description of Activity:_________________________________________________________________

______________________________________________________________________________

Provide a written summary of the activity and its relevance to the course and/or field.

Would this activity be appropriate for other candidates?__________________________

Rate an this five-point scale how highly you would recommend this activity for other candidates (from 1-do not recommend to 5-highly recommend):

1  2  3  4  5

Signature of Person Responsible for Activity ________________________________

Date __________

Signature of Course Instructor _____________________________ Date __________