



**Clarksdale Municipal School District**  
**Office of Federal Programs**  
**Documentation for Professional Development**

Name of Conference: \_\_\_\_\_

Location of Conference: \_\_\_\_\_

Date(s) of Conference: \_\_\_\_\_

Briefly summarize what you learned at the conference:

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Explain how you plan to use this information in your classroom, school, or department:

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Additional Comments:

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Signature: \_\_\_\_\_ Position/Department \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_