Professional Development Documentation Form
Employee Health and Wellness Training

Complete this page and submit to your supervisor via e-mail or hard copy.

Name: _____ School:_____ Date: _____

Did you view the Wellness Policy Video/PowerPoint featuring Dr. Holden discussing the MSCS Wellness Policy? (Circle) Yes or No

Have you read the MSCS Wellness Policy? (Circle) Yes or No

When using the website for Employee Health and Wellness Training, list the resources and links (those recommended on the website) that you visited and explored.

1. _____
2. _____
3. _____

List six (6) information facts that you learned from these sites?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

How much total time did you spend using the Employee Health and Wellness Training website? _____

Do you prefer using this type of self-directed training or would you have preferred to attend a 3-hour school in-service on health and wellness??

(Circle) self-directed school in-service