PASADENA UNIFIED SCHOOL DISTRICT

Planning, Innovation, Accountability & Special Projects
College & Career Academies

Nonprofit Private Schools
Post-Conference Follow-Up Form

Due within 30 days of the conference, submitted together with your Reimbursable Conference Expense Report and receipts. Reimbursement will not be processed until this form and the required attachments are received.

Email to: privateschoolstitleii@pusd.us

Section 1: Attendee and Conference Information

School name	
Attendee name	
Attendee job title / role	
Is the attendee an employee of the school?	☐ Yes ☐ No
Conference or training name	
Presenter / vendor / host organization	
Dates attended	
Location (or virtual)	

Section 2: Alignment to Your School's Plan

Which goal(s) or need(s) from your school's agreed-upon plan did this conference support? (Match the goal(s) listed in your approval request.)

Which sessions or workshops did you attend? (List titles or topics. Attach the agenda if available.)

Section 3: Key Learning

List three to four key takeaways from the conference:

1	
2	
3	
4	

Section 4: Application in the Classroom or School

How will you apply what you learned? Describe specific strategies, tools, or practices.

When will you begin using them, and with which students, grades, or subjects?

Section 5: Sharing with Colleagues

How will you share what you learned with other staff?

- ☐ Staff meeting
- ☐ Professional learning community (PLC)
- ☐ Presentation or workshop
- ☐ Shared materials or handouts
- ☐ Peer coaching or classroom visits
- ☐ Other: _____

Planned date(s) for sharing:

Section 6: Required Attachments

Check each item you are submitting with this form:

- ☐ Proof of attendance (certificate of completion, attendee sign-in sheet, or agenda showing sessions attended)
- ☐ Presentation materials or handouts from the sessions attended

☐ Conference agenda or program

☐ Reimbursable Conference Expense Report and receipts (submitted per Step 4)

Section 7: Certification and Signatures

I certify that the information provided is accurate, that I attended the conference listed above, and that the attached documentation is complete.

	Name	Signature	Date
Attendee			
School administrator			

For District Use Only

Date follow-up form received	
Attachments complete?	☐ Yes ☐ No (requested on: _____)
Alignment to plan confirmed	☐ Yes ☐ No
Forwarded for reimbursement on	
Reviewed by	