**REPORT OF ACTIVITY - COLLEGE FACULTY PROFESSIONAL DEVELOPMENT PLAN** Unlimited Full-time & Unlimited Part-time Faculty  
Minnesota West Community & Technical College  
*Approved 8/24/12 by Governance*

This report documents the activities and/or strategies which have been used to maintain currency in my credential field and in teaching and learning skills during the academic year(s) covered by my professional development plan. This report is being submitted in accordance with the timelines and criteria specified in the college professional development policy.

**Faculty Member Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credential Field\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
*\*Use separate form for each credential field***

**This report is for my plan which covered the \_\_\_\_\_\_\_\_\_\_ academic year(s). Period from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **CONTENT KNOWLEDGE AND SKILL IN THE DISCIPLINE/PROGRAM:**
2. **TEACHING METHODS AND INSTRUCTIONAL STRATEGIES:**
3. **RELATED WORK EXPERIENCE:**
4. **STUDY APPROPRIATE TO THE HIGHER EDUCATION ENVIRONMENT:**
5. **SERVICE TO THE COLLEGE AND THE GREATER COMMUNITY:**
6. **OTHER COMPONENTS, AS APPROPRIATE:**

Faculty Member’s Signature: Date:

Supervising Administrator’s Signature Date: