

S^D Associates LLC

Behavioral Services Assessment, Consultation, Training and Direct Service

www.sdplus.org referrals: (802) 235-9322

CE/Professional Development POST FOLLOW UP

MUST BE COMPLETED AND HANDED IN TO COACH WITHIN 1 WEEK OF PROFESSIONAL DEVELOPMENT OPPORTUNITY:

Type of Professional Development (mark with an X)	Conference	
Staff Name	Current Date	
Title of Training/Topic of Research	Date(s) of Training	

What were you hoping to learn from this professional development opportunity?

What did you take away or learn from this professional development opportunity? How did this professional development opportunity contribute to your growth as clinician?

What clients, families or teams were you thinking of during this professional development and what will you implement, change or research further as a result of this learning?

Indicate your timeline for what you identified above:

6 weeks:

12 weeks:

Please list specifically how you will bring this knowledge and experience back to the program, and share it with colleagues:

MAKE A COPY OF THIS FORM AND GIVE TO YOUR COACH TO CHECK IN WITH YOU ABOUT YOUR NEXT STEPS OUTLINED ABOVE

Coordinator/Coach Signature/Date

CC: Employee and HR

4/3/2017