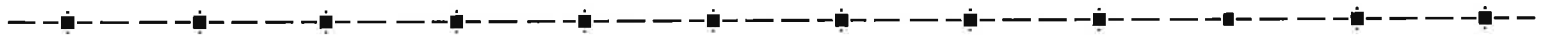


In-service or Professional Leave Day Reflection Form

Name: _____ **Date:** _____

Name of In-service/Professional Leave Day: _____

- **This form is to be completed within 1 week of in-service or professional leave day.**
- **Must be submitted before reimbursements will be issued.**
- **Please attach handouts. Return to Staff Development Coordinator.**



1. Identify the key points/concepts learned from the in-service or professional leave experience?

2. How will you use this information to improve your job performance?

3. How will you share this information with other pertinent LASEC staff members?