

Part II. Follow-Up Outcomes Report

Faculty Member		Date Submitted	
Activity Completed	Title: Completion Date:		
Activity and Effort Completed (Please attach or shared products)	Briefly describe the professional development activities and efforts completed.		
Professional Impact	How did the activity affect your knowledge, skill, credentials, leadership, or professional practice?		
Application and Student/Institutional Benefit	What did you apply, pilot, revise, or plan to implement? Explain any observed or anticipated effect on student experience and/or connection to WVC values, the strategic plan, academic excellence, equity, innovation, program improvement, or workforce/community responsiveness.		

Dissemination Completed	Format: ☐ <i>El Corazon</i> Center for Teaching and Learning ☐ Division meeting ☐ Professional Development Day ☐ Conference ☐ Other approved format: _____ Date: Title/topic: Key learning shared:
Reflection and Next Steps	What worked, what was limited or unexpected, and what follow-up action is appropriate?
Faculty Certification	I certify that this report accurately describes the completed activity, outcomes, evidence, application, and dissemination. Signature: _____ Date: _____

Administrative Closeout

Dean verification	Signature: _____ Date: _____
Vice President of Instruction	Signature: _____ Date: _____
Human Resources receipt	Received by: _____ Date: _____