



# USI College Achievement Program (CAP) Professional Development Documentation Form

CAP Instructor \_\_\_\_\_ USI Course \_\_\_\_\_  
High School \_\_\_\_\_ Date of Workshop \_\_\_\_/\_\_\_\_/\_\_\_\_  
Workshop Location \_\_\_\_\_ Workshop Start Time \_\_\_\_\_ Workshop End Time \_\_\_\_\_  
Liaison Name \_\_\_\_\_ Date Workshop Form Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

***Describe how you utilized this time to conduct discipline specific professional development with the CAP instructor. Be sure to include relevant discussion topics (syllabus requirements, assessment instruments/requirements, samples of student work, textbook selection, grading stipulations, etc.). Attach any pertinent materials used as handouts or discussion topics.***

*Please write a narrative below documenting your professional development session with the CAP instructor.*

Faculty Liaison Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For CAP Office Use Only</b>			
<i>Form received and reviewed by CAP staff.</i>		<i>Liaison stipend processed.</i>	
<i>Initials</i>	<i>Date</i>	<i>Initials</i>	<i>Date</i>