



**Colorado Association of Libraries
Professional Development Activity Report**

Name: _____

E-mail address: _____

Library Name: _____

Total Number of Contact Hours: _____
(Please round all partial hours down or up to the nearest whole hour.)

Session Details:

Session Title	Presenter	Session Date/Time	Main takeaway (i.e.: how this session will help with my job. 1-2 sentences)

Signature: _____

You may copy this worksheet to make additional sheets as needed.