



CIS Discipline Specific Professional Development Form

Minnesota North College
Student Services Office – 107 Backes Student Center
1851 East Highway 169
Grand Rapids, MN 55744
1-800-996-6422 or 218-322-2320
Fax 218-322-2325

College Faculty: _____

HS Instructor: _____

High School: _____

Year and Semester: _____

Course Discipline: _____

Date of Activity: _____

Professional development should:

- Be ongoing and happen at least annually
- Be discipline specific and focus on content, pedagogy, assessment, and advancements in the field
- Be collegial

Describe the professional development activity.

(Please see reverse side)

Please explain the outcome(s) of this activity.

Future professional development ideas.

Additional Comments:

College Faculty Signature: _____ Date: _____

Return completed form to Rick Kangas, Associate Vice President of Student Affairs