

BRADFORD AREA SCHOOL DISTRICT
Conference Visitation Report

This form is to be completed within two weeks of your return from a conference. A copy is to be included with your expense sheet and forwarded to your building Administrator for review.

School _____

Name _____ Event Date _____

Conference Title _____

Location of Conference _____

Summarize the main theme and major points of the conference. Attach related materials if appropriate.

Supply the names of any speakers who might be considered for a presentation in Bradford.

Name	Topic	Address/Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sharing:

I believe the most appropriate way for me to share this information would be through a presentation to (check those which apply):

Faculty/Department Meeting	_____	In-Service Presentation	_____
Administrative Council	_____	School Board Meeting	_____
Professional Organization	_____	Other	_____

Comments:
