

**Harrison County Professional Staff Development  
Team/Committee Report Form**

Team/Committee Name \_\_\_\_\_

School \_\_\_\_\_

Date of Session \_\_\_\_\_ Time \_\_\_\_\_

Session Location \_\_\_\_\_

Team Purpose: (Goals, Objectives, etc.)

Session Purpose: (Be specific, include agenda)

Conclusions: (Include actions taken, decisions made, plan of action developed for implementation within the classroom, school, and/or county, member responsibilities, etc. Make an attachment if necessary.)

Leader's Signature \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Send all forms to **Professional Staff Development Council** @ County Office