



# Garfield Heights City Schools Teaching & Learning

5640 Briarcliff Dr., Garfield Heights, OH 44125

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## ***Professional Leave Follow-Up Form***

(Please type or print and return with Request for Reimbursement Form)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Building: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Subject: \_\_\_\_\_

Conference Name: \_\_\_\_\_

Conference Date: \_\_\_\_\_ Conference Location: \_\_\_\_\_

**1. Please give a brief description of the general highlights of the conference:**

**2. Please indicate the three most important ways you benefited by attending this conference:**

**3. Please list those items you feel most beneficial for consideration by the Garfield Heights City Schools in future planning:**

(Please use reverse side for additional comments, if necessary)