
FACULTY INFORMATION

Name:

Email:

Department:

PROFESSIONAL DEVELOPMENT EXPERIENCE

Name of Experience:

Provider (TILT, OIE, conference name, etc.):

Date(s) of experience:

Hours of Instruction (2 hours, 8 hours, etc.):

Description and Outcomes (complete if PD is NOT on the [TEI Pre-approved PD list](#). Include web links or upload syllabus to Bridge if available):

TEACHING EFFECTIVENESS DOMAIN*Inclusive Pedagogy, Curriculum/Curricular Alignment, Classroom Climate, Pedagogical Content Knowledge, Student Motivation, Feedback & Assessment, Instructional Strategies*Primary Domain (see [TEI Pre-approved PD list](#) for CSU-related events):

Secondary Domain (if applicable):

POST IMPLEMENTATION REFLECTION***Use of Research-based Practices***Describe the changes you *implemented* in your teaching related to participating in this professional development. These changes might be new additions, or they may be extending or revising an approach you've been using.

POST IMPLEMENTATION REFLECTION continued...***Impact on Students***

How did students respond to these changes?

What evidence do you have this impacted the majority of your students?

Impact on Future Teaching

Based on how students responded, will you make additional changes or keep things the same? Describe your next steps.

Based on your experience with this domain, what recommendations would you make to colleagues?

How might you share your knowledge and experiences with colleagues?

What TEF domain do you plan to address in the future?

FEEDBACK FOR TILT

What recommendations do you have for TILT?