

**Texas Counseling Association
Professional Development Grant Award**

Reporting Form

Name of Chapter(s)/Division(s) Reporting: _____

Member Responsible for Activity:

Name: _____

Title: _____

Address: _____

Type of Professional Activity:

Program Workshop Seminar

Continuing Education
Program (CEU) Lecture Other

Title of Activity: _____

Date(s) of Activity: _____

Location of Activity:

Place: _____

City: _____

Name, Position and Professional Location of Presenter(s) and/or Activity Leader(s):

Methods Used:

Lecture Role-play Experiential Activities

Handouts Film(s) Videotape

Q&A Other: _____

