

# Professional Development Activity Approval and Reflection Form

## Winchester School

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

Activity Type: \_\_\_\_\_

Certification (s): \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Activity Date: \_\_\_\_\_

Activity Pre-Approval	
Signature	
Date	

Content Hours minimum 30 per cycle (not paras)		Other Hours minimum 45 per cycle/ 50 for paras i.e: learners and learning, assessment, data, safety, professional responsibilities
Endorsement Area	Hours	Hours

Brief Description of the Activity:

Reflect on how this will contribute to increasing educator effectiveness and/or student learning?

To which goal is this activity related?

☐ Individual: \_\_\_\_\_

☐ District: \_\_\_\_\_

Attach documentation of completed professional learning and submit to the Principal.

Approved by: \_\_\_\_\_

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

Superintendent Approval: \_\_\_\_\_

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