Evaluation of Professional Development Activity

1. Submit this form for each activity/class completed.
2. Complete all items pertaining to this activity
3. Attach supporting documentation (course syllabus, program, agenda, timeline)

Name _____ **Date of Request** _____

Coursework & Workshops	
❑ College Course* ❑ In-service/Conference ❑ Seminar/Workshop ❑ Webinar	Title _____ Sponsoring Organization/School _____ Involvement Level: ❑ presenter ❑ participant/observer Activity Length/Contact Hours _____ **Transcripts must be sent to the Columbia Union Education Office for all courses taken for academic credit.*
Reading & Viewing	
❑ Professional Book ❑ Journal/Magazine ❑ Article Publication ❑ Video/DVD ❑ Audio	Title _____ Points _____ Title _____ Points _____ Title _____ Points _____ Title _____ Points _____
Observations, Mentoring, Planning & Development	
❑ Classroom Observation ❑ Committee Work ❑ Mentoring/Supervising ❑ School Visitation	Location _____ Date _____ Description: Points _____
*Other** (*as approved by school administration/conference superintendent)	

Discuss the highlights of the activity.

Describe how the benefits of this activity can be applied in your classroom or shared with staff/ community members.

Employee's Signature _____

Activity Review	❑ ***APPROVED*** for _____ Clock Hours	❑ Denominational Certification ❑ State Certification
	❑ ***NOT APPROVED***	
	_____ **Superintendent/Academy Principal Signature**	Date _____

1/24/12