Evaluation of Professional Development Activity

1. Submit this form for <u>each</u> 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***

Reviewed by _____ Date _____