

Manchester School District

DOCUMENTATION OF PROFESSIONAL GROWTH – Option 1

Name:

School & Current Position:

Certification area(s): 1.

2.

3.

Certification Cycle: Red White Blue Certification expiration date: June 30, 20 _____

Date(s) of Activity:

Location of Activity:

1. Activity:

Title and Brief Description of Activity. *Attach documentation of attendance/completion.*

2. Goals: From Form 3, copy or reference the school, district and/or individual goals(s) related to this activity:

3. Educator Impact: Explain in detail how this activity is improving your teaching/professional skills. Describe and/or attach evidence of impact.

4. **Student Impact:** Using evidence/examples/data explain how this activity has improved student learning and/or met student needs. (Occasionally, the results are not positive. Explain, citing evidence.)

5. **Distribution of CEUs** Indicate to which areas you are requesting allocation of CEUs from this activity.

Knowledge of subject area(s)/area(s) of specialization

_____ CEUs under the certification area _____

Knowledge of Learners and Learning and/or Strategies and Best Practices ('Other')

_____ CEUs *Indicate with a checkmark which area(s) this activity addressed (may be both)*

Knowledge of learners and learning

Knowledge of strategies and best practices

Educator's Signature

Date

Principal Designee's Signature

Date

Form 5 – Completed forms submitted on ongoing basis to PDC
Reference – *Section 9, Documentation of Professional Learning*

Form adapted from SAU #53, PDMP 2008-2013