

South Bound Brook Public Schools
PROFESSIONAL DEVELOPMENT ACTIVITY FORM

Name of individual attending: _____

Date attended: _____

Please complete this form (front and back) and return it to the building principal within five (5) days after attending. You may be asked to share your experience with other staff members or the Board of Education with either a written report or an oral presentation. You will be notified by your building principal if either is so desired.

Name of activity or event: _____

Contact person: _____

Total number of participants: _____

*Please attach a list of participants' names

The activity occurred as (check one)

- | | |
|---|--------------------|
| <input type="checkbox"/> Single one-day activity | Total hours: _____ |
| <input type="checkbox"/> Series of sessions on one day | Total hours: _____ |
| <input type="checkbox"/> Series of sessions on consecutive days | Total hours: _____ |
| <input type="checkbox"/> Series of periodic sessions (weekly, monthly) | Total hours: _____ |
| <input type="checkbox"/> One or more on-site visit(s) to a school or district | Total hours: _____ |
| <input type="checkbox"/> Other _____ | |
- # of teachers _____ # of administrators _____

Grade level for activity: Check all that apply.

Pre-K K 1 2 3 4 5 6 7 8 Other _____
_ _ _ _ _ _ _ _ _ _ _

Content are for activity: Check all that apply.

Reading Language Arts Math Science Social Studies
 PE Art Music Other _____

(Please attach any agendas, syllabi, schedules, and session materials)

Participant group(s): Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Teachers | <input type="checkbox"/> Pre-service for Teachers |
| <input type="checkbox"/> In-service for teachers | <input type="checkbox"/> Teacher-Leader/Department Chairs |
| <input type="checkbox"/> Principal/Superintendent | <input type="checkbox"/> Other Administrators _____ |
| <input type="checkbox"/> Parents or Community Members | <input type="checkbox"/> Other(s) _____ |

Goal(s) of activity: Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Strategic plan implementation |
| <input type="checkbox"/> District/school leadership | <input type="checkbox"/> Teacher leadership |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Curriculum development |
| <input type="checkbox"/> Standards | <input type="checkbox"/> Assessment |
| <input type="checkbox"/> Teacher content knowledge | <input type="checkbox"/> Teacher pedagogical knowledge |
| <input type="checkbox"/> Instructional skills and strategies | <input type="checkbox"/> Pre-service tutoring |
| <input type="checkbox"/> Teacher peer support | <input type="checkbox"/> Management of curricular materials |
| <input type="checkbox"/> Test preparation | <input type="checkbox"/> Multi-cultural awareness |
| <input type="checkbox"/> Parent/community outreach | <input type="checkbox"/> Other _____ |

Please describe what happened during the activity. (What was done, how it was carried out)

Please describe what was accomplished as a result of this activity.

Please describe any problems, concerns, or challenges that arose during, or as a result of this activity.

Please describe any anticipated follow-up activities.

Please give your overall evaluation of, impressions of, or feelings about the entire activity.
