

**Report of Hours (Documentation Only)****Activity Details**

This section contains basic information about the activity.

Date Submitted:

Name of Activity

Description

Characters left **2048****Provider**

Provider

--- Click To Select ---

If not on list, enter here

How do I anticipate that my participation in this activity will benefit my students?

Describe

Characters left **2048****Hours**

Enter the number of Hours you are seeking for this activity.

Hours

**Relationship to PD 3 Year Plan Goals**

Select At Least One District Objective

**Goal : GWRSD Goal #1--Regarding Commencement Goals**☐ bjective: Goal #1**Goal : GWRSD Goal #2--Regarding School/Classroom Environment**☐ bjective: Goal #2**Goal : GWRSD Goal #3--Regarding Assessment and Evaluation**☐ bjective: Goal #3**Goal : GWRSD Goal #4--Regarding quality communication**☐ bjective: Goal #4**Purpose(s) for Attending**

Select a Purpose(s)

☐ ederal/State Compliance☐ rofessional Development☐ ecertification/Relicensure**Supplemental File(s)**

Please Note, you must have first added the file(s) to your 'My File Library' area on the top left for them to appear below. If necessary, you can save this as a draft to do so.

My File(s)

☐ Heather's PD Plan - Proposed\_Plan\_for\_Heather\_Cummings\_2010\_2013.docx (25k)

Comments

Comments



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Finish

## Classroom Walkthrough Observation

**Teacher:**

**Date:** [Click here to enter a date.](#)

**Grade/Subject:**

**Time:**

**Location:** Choose an item.

### Observations and Comments

#### Classroom Environment

- ☐ Creates an environment of respect and rapport: establishing and fostering a culture of learning
- ☐ Manages classroom procedures and student behavior
- ☐ Organizes physical space

#### Instruction

- ☐ Communicates with students
- ☐ Uses questioning and discussion techniques
- ☐ Engages students in learning
- ☐ Demonstrates flexibility

### Ideas, Questions, Comments

\_\_\_\_\_  
Signature of Observer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date



**Year 3 Portfolio/Action Research & Application for Recertification**

(USE IN RECERTIFICATION YEAR ONLY)

Note: Recertification requests are due to the SAU by May 1st; see building administrator to set up professional development presentation to ensure deadline is met for SAU to receive all documentation

**Basic Information**Title: Submission Date (mm/dd/yy) Select your pathway: Which areas are you seeking recertification for? 

Characters left 2048

Will you be submitting a Report ☐ ES  
of Hours? ☐ O

What evidence will you present to show that you have met the objectives established in your initial plan and your action research project (if applicable)? (outline)



Characters left 2048

To whom will you present your evidence?

When will the evidence be presented?

Administrator's Feedback on Presentation of Professional Growth

**SECTION II: REQUIRED SIGNATURES**

Signature

ADMINISTRATOR: I certify that the above named educator has presented evidence to me that he/she has met, or has made significant progress toward meeting, the objectives outlined in his/her initial plan (and addendums, if appropriate) and believe that he/she has met all the requirements outlined in the GWRSD Professional Development Master Plan. Therefore, I request that they be recertified to teach in the State of New Hampshire.

Signature

Received by Central Office

Signature

Finish

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