







## REFLECTIONS ON PROFESSIONAL DEVELOPMENT PLAN

Comment briefly on your CPD activities and the effect that you observed on student learning and any adjustments you made or will make to enhance student learning. (Attach additional pages as needed.)

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**Supervisor/Advisor Signature\***                      **Date**

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**Educator Signature**    **Date**

*\*I have reviewed the results of the CPD plan  
and verify completion of the plan.*

**The completed form is retained by the district.**