



**BRADFORD COUNTY SCHOOL DISTRICT
PROFESSIONAL DEVELOPMENT FOLLOW-UP FORM**

T I T L E : _____ **D A T E :** _____

To receive professional development points (ONLY if you have a professional certificate) you must complete follow-up activities, document activities on the Time and Activity Log form, (PDR0004) and provide samples of follow-up work.

NAME: _____ **School:** _____ **GR** _____

Explain how this session relates to your School Improvement Plan and Individual Professional Development Plan:

Describe how you implemented strategies from this training:

Explain how technology was used in this activity: _____

Describe the student impact and how it was measured (test scores, checklists, etc):

Was the training sufficient to ensure understanding and sustained use of the strategies?

Describe how this training resulted in a change in classroom practice; leadership practice; student services; or other practices: _____

DO **ALL** OF THE FOLLOWING ACTIVITIES FOR FOLLOW-UP FROM THIS TRAINING, TO RECEIVE POINTS:

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- **ACTIVITY LOG – PDR0004 showing time spent on follow-up is printed on the back of this. Complete and make sure all signatures are secured.**

➤ **All documentation must be in the Assistant Superintendent’s Office by:** _____

➤ **PRINCIPAL MUST SIGN BEFORE SUBMITTING TO ASSISTANT SUPERINTENDENT**

FOR OFFICE USE ONLY (Do not write below – office staff will complete)

Component Number: _____ Data Elements: _____

	INITIAL TRAINING Hours
	NUMBER OF HOURS SPENT ON FOLLOW-UP FOR POINTS (Total hours/points for follow-up activity cannot exceed the number of initial training hours/points.)
	TOTAL POINTS RECEIVED – Posted by _____ on _____

Principal’s/Supervisor’s Signature
PDR0000 – revised 3/14

Assistant Superintendent’s Signature
<http://www.bradfordschools.org>