

**ROBERTSON COUNTY SCHOOLS
PROFESSIONAL DEVELOPMENT WEBINAR REFLECTION RECORD**

NAME: _____	SCHOOL: _____
ACTIVITY TITLE: _____	ADMINISTRATOR SIGNATURE: _____
WEBINAR VIEWING TIME: _____	VIEWING DATE: _____
VIEWING LOCATION: _____	

In order to receive PD credit, on-line professional development must be viewed outside of the contract day. During the training, **please take a screen capture showing both your attendance in the training and the date and time in the bottom right-hand corner of your screen**. Please attach the screenshot with your signed reflection form and/or certificate and submit.

To be completed for teacher and school requests

Implementation Strategies – Indicate how specific information gained in the professional growth activity will reach the classroom/student level and/or change your professional practice.

Documentation/Follow-Up – Indicate the specific methods that will be used to ensure the information from the professional growth activity has an ongoing affect on student learning, school culture, and/or professional practice.

Effectiveness / Evaluation – Indicate the specific measures that will be used to evaluate the effectiveness of the professional growth activity in your classroom and/or professional practice.

IMPLEMENTATION STRATEGIES _____

DOCUMENTATION / FOLLOW-UP _____

EFFECTIVENESS / EVALUATION _____

