August 2026

ROBERTSON COUNTY SCHOOLS
PROFESSIONAL DEVELOPMENT REFLECTION RECORD

Please return this form with available proof of attendance (e.g., completion certificate, sign-in sheet, or other documentation) to the Federal Programs Department within 2 weeks of the training date.
(If this PD activity is a webinar or book study, please use the appropriate alternate reflection form.)

NAME:_____ SCHOOL:_____

ACTIVITY TITLE:_____

ACTIVITY LOCATION: _____ ACTIVITY DATE: _____

To be completed for teacher and school requests

Implementation Strategies – Indicate specific information gained to add to your professional growth *and* how you will translate this learning to your students in your classroom.

Documentation/Follow-Up – Indicate what specific methods you will use to ensure the information from the professional growth activity has an ongoing impact on student learning or school culture . (What strategies will be observable in your classroom?)

Effectiveness / Evaluation – Indicate the specific measures that will be used to evaluate the effectiveness of the professional growth activity. How will you document the impact of your implementation with your students? (formal or informal data source)

IMPLEMENTATION STRATEGIES _____

_____

_____

_____

DOCUMENTATION / FOLLOW-UP _____

_____

_____

_____

EFFECTIVENESS / EVALUATION _____

_____

_____

_____