

Component # \_\_\_\_\_ Points \_\_\_\_ (P)\_\_\_\_ (LM)\_\_\_\_ (IM)\_\_\_\_ (EStudent)\_\_\_\_ (EStaff)\_\_\_\_

**Glades District Schools**  
Professional Development Implementation Form

**TO BE COMPLETED AFTER IMPLEMENTATION OF WORKSHOP LEARNING OR FURTHER STUDY OF TOPIC**

*PLEASE ATTACH THIS SHEET TO YOUR IMPLEMENTATION WORK AS A COVER PAGE AND RETURN TO YOUR PRINCIPAL OR ASSISTANT PRINCIPAL FOR APPROVAL WITHIN 4 WEEKS OF THE PROFESSIONAL DEVELOPMENT ACTIVITY.*

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

School: \_\_\_\_\_

Name of Workshop: \_\_\_\_\_

Date(s) of Workshop: \_\_\_\_\_ Time(s) of Workshop: \_\_\_\_\_

**DIRECTIONS:** The purpose of this implementation activity is to show how you have applied the training you attended. You **MUST** attach evidence of the work that you did **AFTER** the workshop (e.g. lesson plan with newly learned strategies highlighted, sample of student work, summary of something you read or Internet sites visited, explanation of classroom activity). The consultant might give you a specific implementation assignment; regardless of what it is, you must still attach tangible evidence.

Key concept(s) learned in the workshop:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**CIRCLE the appropriate Implementation and ATTACH documentation.**

<b>Implementation</b>	<b>Description</b>
<b>M</b>	Structured Coaching/Mentoring (may include direct observation, conferencing, oral reflection and/or lesson demonstration)
<b>N</b>	Independent Learning/Action Research related to training (should include evidence of implementation)
<b>O</b>	Collaborative Planning Related to Training, includes Learning Community
<b>P</b>	Participant Product (may include lesson plans, written reflection, audio/videotape, case study, or samples of student work)
<b>Q</b>	Lesson Study Group Participation
<b>R</b>	Electronic-interactive
<b>S</b>	Electronic-non-interactive

\_\_\_\_\_  
Principal (or designee) Signature/Date

\_\_\_\_\_  
Teacher Signature/Date