

PROPOSAL FOR A PROFESSIONAL DEVELOPMENT ACTIVITY FOR CEUs

Name of Approved Provider: Watertown Board of Education Provider No. 153

Title of Activity: _____

Date(s) of Activity: _____

Name of Presenter(s): (if applicable) _____

*ATTACH RESUME(S)

Need to be Addressed: _____

Learning Outcomes: As a result of taking part in this activity, participants will

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Effect on Improved Student Learning: As a result of this activity, indicate how student learning may improve.

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Requirements for Successful Participation: _____

Brief Outline of Activity: (List agenda and approximate time schedule.)

Total Contact Hours:
Include only instructional time.
See Guidelines for details.

Special Facilities, Equipment or Materials to be used: _____

NOTE: If the above activity is offered for CEUs, this form, the attached resume(s), the form completed after reviewing the proposal, and the form completed after the activity has taken place, must be available to the State Department of Education on request any time up to three years after the completion of the activity.

Revised July 2000