

NEWTOWN PUBLIC SCHOOLS
Description of Professional Development Activity

Title of Activity:

Location:

Presenter or Facilitator:

Date(s) of Session(s):

Time:

Total Contact Hours:

Person Submitting Form:

Date Submitted:

1. Appropriate Focus (Cite specific reference to [CCSS](#), [CT Framework](#), [CT Common Core of Learning](#), [CT Common Core of Teaching](#), or CT Guidelines for Teacher Evaluation and Professional Development (coming soon), [NPS Professional Growth Plan-DRAFT](#), [CT Professional Development Guidelines](#), [Standards for School Leaders](#)), Other (please specify):

2. Learning outcomes (As a result of participating in this activity, a participant will)

3. Effect on Improved Student Learning: (As a result of this activity, indicate how student learning may be improved)

4. Describe the Evaluation Methodology:

[District evaluation form](#)

Dr. Linda Gejda, Assistant Superintendent

Date