

**CARLISLE LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE
COLLEGE COURSE/PROFESSIONAL ACTIVITY ASSESSMENT**

Complete one assessment for each course taken or professional activity completed.
This is to be completed AFTER the course or activity is completed.

Name: _____ Date: _____

PLEASE COMPLETE ONE BOX BELOW!

College Course Assessment	Professional Activity Assessment (Workshop/Presentation/In-service Hours)
Title of Course: _____ Semester Hours: _____ <p align="center">OR</p> Quarter Hours: _____ PLEASE, staple grade card or transcripts. Describe the benefits to yourself, students, building and/or district as a result of this course. _____ _____ _____ _____ _____ _____ _____	Name of Professional Activity: _____ Contact Hours: _____ PLEASE, attach documentation for verification and check the box below: <input type="checkbox"/> Certificate <input type="checkbox"/> Agenda <input type="checkbox"/> Other: _____ IF NO DOCUMENTATION ABOVE, then please have signatures completed below: The signatures below verify the activities performed in fulfillment of the INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN. Teacher Signature: _____ Supervisor Signature: _____ Date: _____ Describe the benefits to yourself, students, building and/or district as a result of this course. _____ _____ _____ _____ _____

LPDC Review Date: _____ APPROVED REJECTED

LPDC INITIALS: _____
 GRADE CARD /TRANSCRIPTS DOCUMENTATION/VERIFICATION
 SENT NOTIFICATION