

DESCRIPTION OF A PROFESSIONAL DEVELOPMENT ACTIVITY FOR CEUs

This form or its equivalent is to be used to document each activity for which CEUs are awarded. Use additional pages if necessary.

NAME APPROVED PROVIDER

PROVIDER NO.

TITLE OF ACTIVITY

ASSIGNED ACTIVITY NUMBER:

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Activity Start Date: ____/____/____

Activity End Date: ____/____/____

Number of Sessions: _____

Evaluation completed: (date) _____

Dates of sessions:

Total Contact Hours: _____
(Include only *time on task* in calculation)

No. CEUs Awarded: _____
(Based upon total contact hours)

Date CEU Certificates Issued: ____/____/____

Total No. Participants Awarded CEUs: []

Name(s) of Presenter(s) (If Applicable):

Appropriate Focus: (Cite specific reference to *CT Framework, CT Common Core of Learning, CT Common Core of Teaching* and *CT Guidelines for Teacher Evaluation & Professional Development.*)

Learning Outcomes: (As a result of participating in this activity, a participant will)

- _____

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

- _____

Additional Requirements for Successful Participation/Completion:

- _____

Describe Evaluation Methodology: _____

CEU Coordinator Signature

Date