

**BEAVERTON RURAL SCHOOL DISTRICT PROFESSIONAL DEVELOPMENT FORM**

**Employee's Name (Please Print)** \_\_\_\_\_

**Date of Conference** \_\_\_\_\_

**Name of Conference/Workshop Attended** \_\_\_\_\_

<input type="checkbox"/> School Improvement Related	<input type="checkbox"/> Mentoring or Being Monitored	<input type="checkbox"/> Workshops or Conferences	<input type="checkbox"/> Coursework	<input type="checkbox"/> Highly Qualified Status	<input type="checkbox"/> State-level or institution of higher education content specific service or committee	<input type="checkbox"/> Virtual learning	<input type="checkbox"/> Administrator Continuing Education
Sustained, worked-embedded, focused on teacher growth, directly related to student achievement acquired through collegial work at the building, district or regional level.	Professional development acquired for the purpose of advancing mentoring skills or advancing classroom skills of a new teacher during his/her first three years in the profession.	Hours of participation in one-day or short-term professional development provided by LEA's, ISD's higher education institutions, regional Math/Science centers, professional organizations, etc.	Hours of professional development acquired through continuing education courses taken for semester credit at a college or university.	Hours of <b>content-specific</b> professional development acquired for the purpose of documenting <i>Highly Qualified</i> status.	Hours of professional development acquired through state-level or institution of higher education content-specific service or committee.	Hours of content-specific professional development acquired through online delivery or other distance-learning experiences.	Hours of leadership professional development acquired for the purpose of fulfilling the continuing education requirements of administrators. This category of Professional Development represents graduate courses or the SB-CEUs required in 5 year cycles for administrator qualification.
<b>Hours</b>	<b>Hours</b>	<b>Hours</b>	<b>Hours</b>	<b>Hours</b>	<b>Hours</b>	<b>Hours</b>	<b>Hours</b>

**Employee's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Administrator's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Superintendent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## PROFESSIONAL DEVELOPMENT EVALUATION SUMMARY

Name of Activity \_\_\_\_\_

Total Contact Hours \_\_\_\_\_

**How will the information from this event help you to enhance instruction and student achievement in your classroom? Please be specific. You may be asked to present this information to your colleagues, the administrative team, or the School Board.**