
**EASTERN LOCAL SCHOOL DISTRICT
PROFESSIONAL DEVELOPMENT ACTIVITY SHEET (PDAS)
(PROPOSED FORM TO BE COMPLETED AFTER EVENT)**

Name _____ This activity supports goal number: _____

(if you have an IPDP)

Option/Model: _____

Type of Activity: _____ Proposed Value: _____

Beginning and Ending Dates: _____

PLEASE RESPOND TO THE FOLLOWING STATEMENTS ON A SEPARATE SHEET OF PAPER:

1. Activity objectives:

2. How did you implement the activity?

3. How does this activity support the IPDP goal, or building/district goals or your current position/type of certification?

4. Provide information regarding the effectiveness of this activity in meeting the objectives.

5. How will you apply what you have learned to improve student performance?

6. Attach any relevant documents (for example: agenda, reflections, notes, etc.)

I certify that the information provided in this Activity Sheet is accurate to the best of my knowledge.

Educator Signature: _____