



GULFPORT SCHOOL DISTRICT

Professional Development Pre-Activity/Follow Up Form 2010-2011

NAME: _____ SCHOOL: _____

Title of Conference/Workshop: _____

Activity Date: _____ Activity Location: _____

Pre-Activity

Briefly describe the activity.

How will the outcomes of your attendance improve student achievement or the quality of education for students in the Gulfport School District?

How will the under-represented groups (minorities, LEP's, disabled and economically disadvantaged students) benefit from this activity?

Post-Activity

Briefly summarize what you learned.

Explain how you will use this information in your classroom.

How will you share this information? *Grade Level Meeting* *Faculty Meeting*
 School Workshop *District Workshop*

Signature of Teacher: _____

Date: _____

Signature of Administrator: _____

Date: _____