Form F

GULFPORT SCHOOL DISTRICT

Professional Development

Pre-Activity/Follow-Up Form

NAME: _____ **SCHOOL:** _____

Title of Conference/Workshop: _____

Activity Date: _____

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: _____ **Date:** _____