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WARE PUBLIC SCHOOLS
Ware, Massachusetts 01082
Professional Development Activity Agreement Form

NAME_____

Part I

Rationale: Please share a brief overview of the new skills which will be
acquired as a result of the proposed plan identified below:

The purpose of high quality professional development is to enhance student learning by promoting increased knowledge and skills via the acquisition of additional competencies by educators and other members of the educational community. High quality professional development provides a wide variety of opportunities for ongoing growth. Professional improvement training strengthens an individual's ability to perform as an educator and promotes coherent, systemic approaches to improving teaching and learning continuously.

_____

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_____

Part II

Please specify plan(s) for professional growth by checking all categories which apply:

Option A: course work offered by an accredited college or university (attach description of course) e.g. course grade must
                be submitted upon completion

Option B: non school time workshops, seminars, conferences (attach description including time, date speakers, topics,
                etc.) e.g. PDP Certificate issued must be placed on file

Option C: school time workshops, seminars, conferences (attach description including appropriate information) e.g. PDP
                Certificate issued must be placed on file

Option D: mentoring, practicum, internship or practice teacher or other field based supervision (attach appropriate
                descriptive information)/Proof of contact e.g. form/log/evaluations/practicum information

Option E: sub-committee or study group project participation (attach descriptive information and anticipated products)

Option F: research projects(s) (attach description and product) for maximum point value awards refer to Appendix B in
                Recertification Guidelines, January, 2000

Option G: writing/publishing (attach copies of papers, articles, book, etc.) for maximum point value awards refer to
                Appendix B in Recertification Guidelines, January, 2000

Option H: other (school related project beyond regular school time and expectations of project) (attach description
                including all pertinent information) for maximum point value awards refer to Appendix B in Recertification
                Guidelines, January, 2000

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OPTION A

_____ Formal non certification/approval course work at accredited college/university (attach description of course(s)

College	Course	Credit hours

PROGRAM DESCRIPTION

A course offered by a College or University: _____ Yes _____ No

If "yes": How many credits are you eligible to receive? _____

Date course starts" ____/____/____ Completion: ____/____/____
                                D/M/Y   D/M/Y

Is the course a part of an approved degree program? _____ Yes _____ No

If "Yes": Course will be applied to: B+15 Masters M+15 M+30 M+45 None

OPTION B

_____ Non school time workshops, seminars, conferences (attach descriptions)

Title	Contact Hours	Sponsoring Agency

OPTION C

_____ School time workshops, seminars, conferences (attach description)

Title	Contact Hours	Sponsoring Agency

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OPTION D

_____   Mentoring, practicum, internship or practice teacher or other field based supervision
            (Please attach descriptive information)

OPTION E

_____   Sub-Committee or study group project participation (attach description)

OPTION F

_____   Research project (attach description)

_____   _____
Theme   Contact hours

OPTION G

_____   Writing/publishing (papers, articles, books, etc.)

_____   _____

OPTION H

_____   Other (School Related Project Beyond Regular School Time)   Anticipated Hrs/Week

_____

Part III

_____   Submitted by candidate_____   _____
                                    Signature   Date

_____   Discussed and approved by_____   _____
                                    Principal/Supervisor   Date

Submitted to Superintendent/Director for personnel file entry with copy to candidate on _____
                                                                                          Date
If additional space is required include attachments.