

Continued Professional Development Summary Reflection

Must be completed to receive CPD points.

Course Name: _____ # of CPD Points: _____

Instructor Name: _____ Date(s) of Course: _____

Employee Name: _____ Date of Submission: _____

What new information did you learn from this course?

How will this learning impact your classroom teaching?

How will this learning impact your students' achievement?

Who else on our staff might benefit from taking this course?

This course material would be beneficial to share: *(check all that apply)*

_____ with my grade level/dept team or at a staff meeting

_____ during an ER session with interested staff members

_____ as a PD afterschool or during the summer with interested staff members

Other:

Office Use:

of CPD points awarded: _____

Admin. initials and date: _____