

Graduate Course Summary Reflection

Must be completed for all graduate courses to receive CPD points.

Employee Name: _____ Date of Submission: _____

Course Name: _____

**Transcript must be attached to this form for verification of course completion 1 credit = 7 CPD points*

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?

Indicate follow-up sessions that you could offer to others from your learning in this graduate 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: _____