

Evaluation of Approved Professional Development (to be completed *after* the PD experience)

Directions: Complete sections I and II.

Name:	
Date(s) of Professional Development:	
Title of Professional Development: (Specify)	

Directions: Complete sections I and II.

I. Alignment to Ohio Professional Development Standards.

Answer only those which apply to this PD experience. Refer to *Organizing for HQPD*, and **IPDP Rubric on pages 25-31**.

<input type="checkbox"/> Standard 1: How is this PD purposefully structured to occur over time?
<input type="checkbox"/> Standard 2: What data sources guided you toward this PD?
<input type="checkbox"/> Standard 3: How does the PD include opportunities for collaboration?
<input type="checkbox"/> Standard 4: How did the PD include varied learning experiences to accommodate adult learning needs?
<input type="checkbox"/> Standard 5: Evaluate the PD as to its short- and long-term impact. Be as specific as possible.
<input type="checkbox"/> Standard 6: How did the PD result in the acquisition, enhancement or refinement of skills & knowledge? Be specific.

II. Identify and attach documentation to evidence completion of the PD experience.

Submitted documentation: (Check all that apply.)

- Certificate of attendance
- Time log signatures, if applicable
- Agenda/Syllabus
- Conference program with attended sessions identified
- Official Transcripts (to human resources)
- Original work related to PD: portfolio, lesson plans, curriculum documents, grants, academic articles, etc.

DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.

1. Approved as written 2. Revise/Rewrite 3. Comments:

Revision/Rewrite Advice:

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LPDC Approval Signature _____ **Date** _____