CODE: GCL-Form-3 ADOPTED: 06/08/98

REVISED:

REVIEWED: 02/12/07

Reflection on Professional Development Plan

Comment briefly on your CPD activities and the effect that you observed on student learning and
any adjustments you made or will make to enhance student learning. (Attach additional pages as
needed.)

Supervisor/Advisor Signature* Date Educator Signature Date

*I have reviewed the results of the CPD plan and verify completion of the plan.

The completed form is retained by the district.