2019 – 2020 PROFESSIONAL DEVELOPMENT ("PD") ACTIVITY ASSESSMENT

HS Instructor: ________________________________________________________________

High School: __________________________________________________________________

SCTCC Faculty: ________________________________________________________________

DA Course:
Type of Professional Development: □ Speaker □ Workshop □ Conference □ Video □ Article
□ Other (please explain):

Date of PD Activity: ___________________________
Name of PD Activity (name of speaker/workshop/conference/video/article title and author):

Location (address; url/web address; publication name, publish date):

Brief explanation of subject/topics/information covered:
□ See attached agenda/flyer

How does this align with the Discovery Academy Course you are teaching?

Date of Review of PD Activity with SCTCC Faculty Mentor:
I have discussed the PD activity with the high school instructor and
□ APPROVE □ DO NOT APPROVE
this as a relevant, discipline-specific professional development activity as related to the Discovery Academy
course taught by this instructor.

Signature of SCTCC Faculty Mentor ___________________________ Date ____________

Please return completed form to Becky Thelen, 1-312 at SCTCC by the end of the academic year.