

Kinsley-Offerle Unified School District No. 347  
Staff Development Activity Form

Name : \_\_\_\_\_ Building: \_\_\_\_\_

Teacher ID # : \_\_\_\_\_ Teaching Assignment: \_\_\_\_\_

Title of Activity: \_\_\_\_\_ Location of Activity: \_\_\_\_\_

Date (s) of Activity: \_\_\_\_\_ Hours in Attendance: \_\_\_\_\_  
(Do not include lunch, breaks, etc.)

Circle Activity Type: C = Content P = Professional Development S = Service to Profession

Level	Point	Hours in Attendance	Total Points Requested
Knowledge	X1		
Application	X2		
Impact	X3		

\*\*These hours were taken for \_\_\_\_\_ College Credits from \_\_\_\_\_.

1. Because of attending this activity, what knowledge / skills did you acquire?

2. Describe how this activity connects with district, building and/or individual goals.

3. Mean of Evidence: (Attach evidence to form.)

4. I shared this knowledge with \_\_\_\_\_ . I Date \_\_\_\_\_

Approved points for: KNOWLEDGE \_\_\_\_\_ APPLICATION \_\_\_\_\_ IMPACT \_\_\_\_\_

Total Approved Points Toward Goal \_\_\_\_\_

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
PDC Representative

\_\_\_\_\_  
Date