

EASTON PUBLIC SCHOOLS REQUEST FOR PDPs

Name _____

Grade Level _____

School _____

Department _____

Date Submitted _____

***Please only submit a MINIMUM of 10 PDP hours per content area.
If PDPs are part of an ongoing project, please do not submit until entire project is complete.***

Total Hrs.	Location of Product (if not attached)	Description of purpose/objective(s) of PD	Description of the assessment of learning	Date of completion

***Please note – It is the responsibility of each staff member to collect, maintain, and submit PDP documentation for recertification as required by DESE.
For more information on the guidelines/requirements for professional development please visit: <http://www.doe.mass.edu/pd>***

Principal's Signature

Date

Lisha Cabral, Ed.D., Assistant Superintendent

Date

Date PDPs issued