

## PROFESSIONAL LEARNING REDELIVERY PLAN

To be completed and turned in to the school principal or supervisor one week after attendance at activity or conference, and a copy forwarded to the Chief Professional Services Officer.

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

Date(s) of Training/Conference: \_\_\_\_\_

Training/Conference: \_\_\_\_\_

Place of Training/Conference: \_\_\_\_\_

1. Plan for redelivery:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

2. Redeliver to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Attending this training/conference will change my instruction or leadership in the following ways:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Classroom Implementation: (if applicable) I will implement what I learned at this training/conference on \_\_\_\_\_ (date) for observation from an administrator or designee.

5. Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/designee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of State & Federal signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Professional Services signature: \_\_\_\_\_ Date: \_\_\_\_\_