



PROFESSIONAL DEVELOPMENT ("PD") ACTIVITY ASSESSMENT

HS Instructor: _____

High School: _____

SCTCC Faculty: _____

DA Course: _____

Fiscal Year: _____

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