2022 - 2023 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 Susan Jordahl at susan.jordahl@sctcc.edu.