



NESHAMINY SCHOOL DISTRICT

Langhorne, Pennsylvania

EXTERNAL ACT 48 PROFESSIONAL DEVELOPMENT FORM

Name of Attendee: _____ Submittal Date: _____

PPID Number: _____ Building: _____

PLEASE CIRCLE APPLICABLE CATEGORY

District Sponsored Experience Type:

- A. Curriculum/instruction/assessment training/revisions
- B. Technology integration workshops
- C. Content based workshops
- D. Grade level/course sharing
- E. Development of lab/classroom activities
- F. Development/scoring/re-evaluation of performance assessments
- G. Textbook/course/program adoption
- H. Distance Learning
- I. Education study groups/councils

Out-of-District Sponsored Experience Type:

- J. Bucks County professional association conferences/meetings
- K. Pennsylvania professional association conference/meetings
- L. National professional association
- M. Activities/programs sponsored by universities
- N. Curriculum days sponsored by non-profit and corporations
- O. Activities sponsored by centers such as the Franklin Institute
- P. All Intermediate Unit sponsored workshops
- Q. Summer professional training
- R. Approved Act 48 providers
- S. Activities/programs sponsored by business/community/non-profit groups

Date	Title/Name of Experience	Provider	# of Hours

Description of Experience (attach brochure and summarize):

1. Before attending your activity you must complete the above information and get approval from your building principal and Dr. Hancock.

Principal's signature _____ Date _____

2. Scan/email to Curriculum, Instruction and Assessment Department

Dr. Gloria Hancock, Assistant Superintendent for Curriculum, Instruction and Assessment _____ Date _____

3. Your approved form will be returned via email.

4. Upon completion of the experience, return signed original form with proof of completion to the Curriculum, Instruction and Assessment Department.

I have completed the experience detailed above

Signature of Staff Member _____ Date _____