



Catoosa County Schools

Individual Learning Log **Name** _____ **Munis No:** _____

PL FORM 6 **School** _____ **Date Submitted** _____

This log allows you to capture reflections and evidence from learning experiences, LESS THAN 10 HRS., that do not fit into the typical PLU course format, i.e. a one-day conference. Please DO NOT submit any learning experience that has been or will be submitted on a sign-in roster for PLU credit. **SUBMIT BY JUNE 1.**

Learning Experience - Describe the learning experience. Include the title or topic of the activity and other pertinent details.

Purpose - Why did you participate in this learning experience? How does it align with field of certification, School or Department Improvement Plan, our district standards, and/or your area of certification?

Reflections ~ Results

There are 5 levels of evaluation. Circle the level which best describes your personal results with this activity.

- | | | | | |
|-------------------------|-------------------------|--|--------------------|---------------------|
| 1. Participant Reaction | 2. Participant Learning | 3. Organization Change(s)
& Support of Participant Learning | 4. Participant Use | 5. Student Learning |
|-------------------------|-------------------------|--|--------------------|---------------------|

Answer EACH of the following questions when responding:

- What did you learn from this experience?

- What did you not learn that you wish you had learned?

- How will you use the information?

- How will your learning effect your students and their achievement?

- Did the experience meet your expectations? Why or why not?

Time Devoted to the Learning Experience - Dates and Times – **must be in 1 hour increments**
(10 contact hours = 1 Professional Learning Unit)

Participant's Signature _____ **Date** _____

I understand that the PLU credit is not issued until log is review and approved by my administrator and the PL Specialist. You must attach evidence or documentation including an agenda or program AND lesson plans, student work samples, etc. **Documentation should show the amount of time involved in each activity. Absence of such evidence prevents award of credit.**

Administrator or Supervisor Approval _____ **Date** _____

Professional learning Specialist _____ **Date** _____

PL Form 6 – Attendance Log

Name: _____

School: _____

No.	Description of Activity	Date (Ex: 8/19/11)	Time (Ex. 3:00 – 5:00 p.)	Hours (2 hrs.)
Total Hours				

Participant's Signature

Date

Principal's Signature

Date