



**Catoosa County Schools  
Professional Learning Program**

**On-the-job Assessment of an Individual Activity  
PL Form 3**

This form should be used when teachers attend an event such as a 2-3 day conference and want to receive PLU credit. It must be submitted before credit will be given.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date(s) of Observation/Assessment

\_\_\_\_\_  
Title of Activity

\_\_\_\_\_  
Number of PL Hours

**PARTICIPANT GOALS** (How does this activity relate to school or system academic goals?)

**INTENDED OUTCOMES AND/OR PROFESSIONAL PRACTICES** (What is occurring in the classroom as a result of the activity?)

**EVALUATION/ ASSESSMENT** (Describe the evidence found in the classroom which indicates that the goals and outcomes have been met. Examples can be found in lesson plans, sample student work, or formal written/oral presentation by participant for the instruction of other staff members.) **If the Assessment Rubric is used for evaluation, attach a copy of the completed rubric. All other examples should be archived at the school site by the teacher.**

**What are your plans to re-deliver this information?**

Grade-level or department  School faculty  District

I certify that all areas of assessment for the activity  have  have not been met.  
I recommend that the staff member receive further professional development in the form of a PDP. Yes  NO

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date