

# QUEEN ANNE'S COUNTY PUBLIC SCHOOLS

## ACTIVITY APPROVAL FORM

Type of credit requested:  MSDE CPD Credit  QACPS APC Credit

Name of Activity:

Date(s) of Activity:

Total # of Contact Hours:

Instructor(s) / Facilitator(s):

### DESCRIPTION

Describe the major aspects of this professional development experience including rationale for its development and potential impact on students. (Attached additional sheets if necessary)

### PERFORMANCE OUTCOMES

What will educators know and/or be able to do as a result of this experience? How will/should those outcomes enhance the learning of students in the local school system?

### EVALUATION

How will the educator demonstrate achievement of the performance outcomes?

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### HUMAN RESOURCES ACTION

\_\_\_\_\_ Approved for \_\_\_\_\_ credits & assigned APC credit or MSDE CPD Number \_\_\_\_\_

\_\_\_\_\_ Not approved Reason: \_\_\_\_\_

Human Resources Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_