REFLECTIVE JOURNAL

FOR USE WITH SELF-DIRECTED EDUCATIONAL DEVELOPMENT OPTION (#15)

Name

Building

RETURN THIS FORM TO THE LPDC AFTER COMPLETION OF THE ACTIVITY ALONG WITH FORM AL-

Description of Activity (Provide as much detail as possible)

Date(s) of Activity

Location of Activity

Contact Hours Requested (Actual time spent with activity may be counted. Travel time, meals, and breaks may not be counted)

Describe how this Self-Directed Educational Development Opportunity enhanced your area of specialization or work within the education profession

On what date was this activity submitted for Pre-Approval on the Cambridge City Schools LPDC online submission website?

Signature of Presenter/Facilitator	Sponsoring Organization	Date
	LPDC USE ONLY	
Approved		
Contact Hours Approved Contact Hours Not Approved	LPDC Committee Member Signature Uate	

Cambridge City Schools LPDC