

Name \_\_\_\_\_

School \_\_\_\_\_

**Activity Verification Form**

Activity \_\_\_\_\_

Location \_\_\_\_\_

Date(s) and Time(s) \_\_\_\_\_

Short Summary/Description of Activity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does the activity apply to your current position/type of certification/licensure, and how does it fit into your district's and /or building's goals and objectives for teaching and learning? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will you incorporate the knowledge/information gained from this activity into your own daily practice?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Educators signature

\_\_\_\_\_  
Date