

ROCKY HILL PUBLIC SCHOOLS
INDIVIDUALIZED ACTION PLAN
2010-2011

Name(s) _____

School _____ Dept/Grade _____

Date of Activity _____ Location _____ Time _____ to _____

All participants should sign in on the back of this form on the day of the activity.

Provide a two sentence description of your plan for the day. (This will be used on your CEU certificate.)

Pass this form on to your principal for his/her signature. It will be returned to you.

Principal's Approval _____ Date _____

Following the day's activity complete the following questions and send this form and the sign in sheet to Assistant Superintendent's office for awarding of CEUs.

How did the day's activity improve learning for your students?

How will you share your new knowledge with your colleagues?

Total CEU Equivalent Requested (1 hour = .1 CEU) _____

SIGNATURE: (if more than one participant, please use attached) _____

FOR OFFICE USE ONLY:

CEU Review Committee _____ Approval Date _____

CEU ACTIVITY NUMBER 119- _____ - _____ - _____

Rocky Hill Public Schools
Individualized Action Plan

Sign-In Sheet

Location: _____ **Date:** _____

Dept/Group: _____ **Time:** _____

Print Name **School** **Signature**

Print Name **School** **Signature**

Print Name **School** **Signature**

Print Name **School** **Signature**

Print Name **School** **Signature**

Print Name **School** **Signature**

Print Name **School** **Signature**

Print Name **School** **Signature**

Print Name **School** **Signature**

Print Name **School** **Signature**

I attest to the accuracy of this record.

Date _____ **Signature** _____

Invalid unless attached to completed Individualized Action Plan of same date