

Study Group Proposal Form

TOPIC for Study: _____

Content _____
(check one)

Pedagogy _____

Brief description of the professional development activity:

Teachers Involved:

No. of Hours (minimum of 10): _____

Anticipated Product and Suggestions for Product Sharing:

Pre- Approval:

Principal _____ **Director** _____

(Please seek the approval of the principal and/or curriculum director prior to the start of the activity.)

Completion verification:

Principal _____ **Director** _____

(Once this work has been completed and verified by the principal and/or curriculum director, participating teachers should put a copy of this form in their own professional development folder and record this work on their DESE recertification form.)