



**UNION COUNTY PUBLIC SCHOOLS**

## Professional Development Reflection Form

Submit this completed form as directed by your UCPS PD instructor/PD facilitator **OR** along with all other applicable hard copy documentation. **Incomplete submissions cannot be processed.**

<b>Name as it appears on professional license:</b>  <b>Last 4 of SSN:</b>		<b>Title of PD Event:</b>  <b>UCPS Event? Yes No</b>	<b>Type of CEU Requested:</b> Content   DLC   General Literacy Leadership  <b>Number of CEUs Requested:</b>
<b>Work Location:</b>  <b>Professional Position/Role:</b>		<b>Start Date (mm/dd/yy):</b>  <b>Time:</b>	<b>End Date (mm/dd/yy):</b>  <b>Time:</b>
Date & Times for all Sessions	Title of Session and Presenter's Name	What compelling ideas did you learn in this session/from this event? How will you put what you learned into action in your classroom/environment to enhance teaching and learning?	