

PROFESSIONAL POST-MEETING/VISITATION ACTION PLAN

Name _____

School _____ Date _____

Date(s) of meeting/visitation: _____

Location of meeting/visitation: _____

Nature of conference, professional meeting or visitation day. Briefly describe:

Specify how your attendance at this professional learning activity aligns with your school's improvement goals?

Explain the format in which you will share the information gathered through the professional learning activity with your grade-level content area, department, and/or colleagues.

Information to Share	Alignment/Application to Your Curricular Area	Resources	Timeline	Evidence of Information Shared

Employee's Signature Date

Principal's Recommendation Date

Superintendent's Approval Date