



NORTH ATTLEBOROUGH PUBLIC SCHOOLS

**SELF-DIRECTED ACTIVITY
PROFESSIONAL DEVELOPMENT
PROJECT PROPOSAL**

Name: _____ School: _____ Grade: _____

Date & Time (Meeting Dates)

Proposed Activities (For Each Meeting Date)

1. Describe how this self-directed activity will improve your subject matter content knowledge:

2. Describe how this self-directed activity will improve your pedagogical skills:

3. Describe how this activity will be shared with your colleagues:

4. Describe how this activity will be used in the classroom to improve student learning:

5. Framework Standards addressed:

6. Describe the final product:

7. Research and bibliography used to develop activity and product:

Other information:

Date Approved: _____ Principal/Administrator's Signature: _____

Date Approved: _____ Assistant Superintendent's Signature: _____

Date Completed: _____ Participant's Signature: _____

*****SUBMIT A COPY OF THIS PROPOSAL TO THE ASSISTANT SUPERINTENDENT'S OFFICE AND ATTACH THE COMPLETED PRODUCT UPON CONCLUSION OF THE SELF-DIRECTED ACTIVITY.**

Assistant Superintendent's Signature

Date

PDP's Awarded