

**School Administrative Unit 83 Professional Master Plan
FORM D—Activity Completion Form**

(This form is required to documents hours.)

Name: _____ Position/Grade: _____

Certification(s) Held 1) _____ 2) _____

3) _____ 4) _____

Option 1-Traditional Model Option 2-Action Plan Model

Option 3- Portfolio Model Option 4-Combination

Title of Activity: _____

Date of Activity: _____ Hours: _____ Certificate of Completion Attached

The totality of your three-year re-certification plan needs to address all of the components listed below. Please indicate which components will be addressed by the goals of this activity.

- Knowledge of Field/Subject
- Knowledge of Learners and Learning
- Developmentally Appropriate Teaching Strategies
- Professional Responsibilities and Obligations
- Reinforcement of the Fremont School District Goals
- Increasing Student Achievement

What knowledge or skills did you gain from this activity?

How will you use what you learned from this activity?