

SAMPLE ACTIVITY FORM - health

DESCRIPTION OF A PROFESSIONAL DEVELOPMENT ACTIVITY FOR CEUs

This form or its equivalent is to be used to document each activity for which CEUs are awarded. Use additional pages if necessary.

NAME OF APPROVED PROVIDER

PROVIDER NO.

Culture and health attitudes

TITLE OF ACTIVITY

ASSIGNED ACTIVITY NUMBER :

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Activity Start Date : 10 / 22 / 05

Activity End Date : 3 / 26 / 06

Number of sessions : 3

Evaluation completed (date) : _____

Dates of sessions :

10 / 22 / 05; 1 / 18 / 06; 3 / 26 / 06

Total Contact Hours : 18
(include only time on task in calculation)

No. CEUs Awarded : _____
(Based upon total contact hours)

Date CEU Certificates Issued : _____ / _____ / _____

Total No. Participants Awarded CEUs : _____

Name of Presenter(s) if applicable : N/A

Appropriate focus : (cite specific reference to CT Framework, CT Common Core of Learning, CT Common Core of Teaching, and CT Guidelines for Teacher Evaluation & Professional Development)

CT Framework K-12 Curricular Goals & Standards - Health; CCT; CCL

Learning Outcomes : (as a result of participating in this activity, a participant will...)

- * have a greater awareness of how people with selected cultural backgrounds view health issues that are pertinent to our society
- * develop a survey to determine how the views of students in our school who come from these selected cultural backgrounds differ, or are similar to, the views of the culture in general

Effect on Improved Student Learning : (as a result of this activity indicate how student learning may be improved)

- * students will be more aware of how they view good health, which may impact, in the long run, how they approach health classes taken in school

Additional Requirements for Successful Participation / Completion :

N / A

Describe evaluation methodology : written summary of views of other cultures on selected health issues; survey that will be given to students

CEU Coordinator Signature

Date