

SAMPLE ACTIVITY FORM - secondary math

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. _____

'Patterns' in the secondary math curriculum

TITLE OF ACTIVITY _____

ASSIGNED ACTIVITY NUMBER :

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Activity Start Date : 10 / 17 / 05

Activity End Date : 4 / 7 / 06

Number of sessions : 3

Evaluation completed (date) : _____

Dates of sessions :

10 / 17 / 05; 1 / 13 / 06; 4 / 7 / 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 Discipline-based standards for mathematics; CCT; CCL

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

- * explore the concepts presented in the NCTM publication "Patterns"
- * discuss how the concepts are, and can be further infused into, secondary level math courses
- * modify or enhance at least 3 different math lessons to incorporate some of the concepts discussed

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

- * greater understanding of how patterns are used in mathematics, especially as it relates to everyday life
- * students' interest in mathematics as a subject will be increased

Additional Requirements for Successful Participation / Completion :

participants in the group will have read selected portions of the book prior to the first meeting

Describe evaluation methodology : each group member will complete a summary of his/her most significant learning at the end of the sessions

CEU Coordinator Signature _____

Date _____