

Lakeview School District

District Provided Professional Development PD Session Reflection Form

****Submit with a copy of the sign-in PD Form if using for DPPD (toward recertification)**

PD Activity/Session Topic: _____

Date: _____ Times: _____

Reflection:

- Lessons learned
- Critical/Important Information
- Connection to Instruction

Name: _____

Date: _____

Signature: _____