

Western Pennsylvania Writing Project School-Based Professional Development Participation Data 2008-2009

Please use this form to document School-Based Professional Development activities. Form should be completed by the coordinator responsible for the activity and submitted upon completion of a series or other contracted service. Please use one form for each series or activity. You may average the number of participants at multiple sessions. Please be as accurate as possible, but you may estimate. The reporting year is September through August. **Please submit data forms as work is completed.** Please include all types of programs listed below. Send completed forms to Carolyn Luck, Western Pennsylvania Writing Project, 526 Cathedral of Learning, Pittsburgh, PA 15260 or email to luckc@pitt.edu.

Name of Program (e.g.: <i>Writing to Learn, Rubrics, Strategies for Writing in All Classrooms, Awareness Session, Learning Walk</i>)	
Beginning & Ending Dates (between 9/1/08 and 8/31/09)	
Type of Program (Select one.)	<input type="checkbox"/> Advanced, open or special topic institute <input type="checkbox"/> Collaborative planning and/or curriculum development <input type="checkbox"/> Demo teaching or classroom coaching <input type="checkbox"/> Extension or university course <input type="checkbox"/> School or district writing assessment/examination of student work <input type="checkbox"/> Site-sponsored conference or conference session <input type="checkbox"/> Study group, teacher research, or seminar <input type="checkbox"/> Workshop or series of workshops
Duration (Do not calculate.)	<input type="text"/> Days <input type="text"/> Hours/day
Participants (Do not include WPWP presenters or facilitators.)	<input type="checkbox"/> Teachers <input type="checkbox"/> Administrators <input type="checkbox"/> Pre-Service <input type="checkbox"/> Others
Number of TC's (Fellows) presenting or facilitating	
Primary Audience (Choose one.)	<input type="checkbox"/> Districtwide (or regional) Name(s) of district(s) _____ <input type="checkbox"/> District-Selected Schools Name(s) of school(s) _____ <input type="checkbox"/> School(s) (Services arranged directly with school(s)) Name(s) of school(s): _____ <input type="checkbox"/> Individual Teachers

Submitted by:

Please print name

Signature

Date

Next section WPWP office use only.	
Income Generated	Sponsored reform initiative?
NWP Initiative or Network?	Content focusing on the use of Technology for the teaching of writing?
Partnership?	