

West Hartford Public Schools Professional Development

Independent Study Report Form

Name: _____

CSI Series 1 () 2 ()

School: _____

Date: _____

Instructions: Submit this form in turn to your evaluator and to the Assistant Superintendent for Curriculum, Instruction and Assessment. Complete all sections and return form with accompanying data and/or project within two weeks of CSI series completion.

1. Solution Design: Describe the solution to your key question or problem. What did you accomplish? What was created as part of your Independent Study?

2. Application: How will what you have designed further the success of your students?

3. Significance: In what ways does your Independent Study have significance for other teachers or schools? Be specific.

4. Documentation: Please provide evidence of your outcomes. This might take the form of a project or a video presentation, or perhaps a classroom implementation that could be observed.

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I have reviewed this Independent Study Report and feel that the staff member has fulfilled the requirements for an Independent Study.

Evaluator: _____ Date: _____

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I have reviewed this Independent Study Report

_____ Date: _____

Assistant Superintendent for Instruction and Curriculum