

**West Hartford Public Schools
Professional Development**

Report Form for Townwide CSI Series Make-up Time

***(Submit to the Office of Curriculum, Instruction and Assessment
within two weeks of the final CSI session)***

Name: _____

Activity Title or Study Group: _____

Presenter: _____

Activity code: _____

Date missed: _____

Topics or objectives of missed session: _____

Date and time of make-up: _____

Evidence of work completed: In 1-2 paragraphs, please summarize what work you did including materials used, how and where you completed the work, and what you learned.

Signature of Presenter: _____ Date _____