



Blackstone Millville Regional School District Professional Development Point Proposal

Name _____ Date _____

Name of Professional Development Learning Experience

Description of PD experience (including provider if there is one)

Description of additional professional activities and products for consideration that will be produced

Estimated number of PDPs requested (min 10 – Max 15 PDPs) _____

Proposal Reviewed (Principal) _____ Date _____

Proposal Approved (Assistant Super) _____ Date _____

Final Submission Reviewed (Principal) _____ Date _____

Final submission and evidence approved _____ Date _____