

**Concurrent Enrollment High School Instructor**

**Alternative Professional Development Approval Form**

Please make a copy and use this form to reflect upon and capture what you have learned as a result of participating in the professional development event, then share the form with your Faculty Liaison to complete their portion of the form. If the Professional Development opportunity in question was offered through the university, please contact Christine Knight ([christine.knight@maine.edu](mailto:christine.knight@maine.edu)) for an official letter verifying contact hours as needed (for recertification or other local district requirements).

**High School Instructor Name:**

**Event:**

**Host Organizer/Organization:**

**Event Date:**

**Reflection Questions:**

1. **What new ideas or concepts did I learn? What teaching practices or concepts were reinforced?**
2. **Please give a description or example of one of the takeaways you plan to incorporate into your teaching. How will it be useful? Please be as specific as possible.**
3. **What are the next steps for my continued professional development in this area?**

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**High School Instructor’s Signature & Date**

***(Reviewing Faculty Liaison, continue to page 2)***

**For Faculty Liaisons Only:**

*By signing this form, you are certifying that as the overseeing Faculty Liaison for this High School Instructor, you have reviewed the request for an alternative professional development opportunity to be counted towards this individual’s annual professional development requirement per NACEP standards as well as the outlined role of “High School Instructor” for UMA’s Concurrent Enrollment Program.*

***(Select one)***

* **Request Approved**
* **Request Denied**

**Please provide a brief explanation for your decision:**

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**Liaison’s Signature & Date**