Newburyport Public Schools
Adult Education
Professional Development (PDP) Form

(type or print clearly)

Instructors Name: _____ Date Submitted: _____

Course Title: _____Proposed Total # of Hours_____

Course Dates: From _____ To _____ Location:_____

Course Description:_____

_____

_____

Goal:_____

_____

_____

_____

Objectives:_____

_____

_____

_____

Final Product:_____

_____

_____

_____

Participants Taking Courses for PDP's

Date Submitted:_____ Final Project Title:_____

Amount of PDPs Approved for this course_____ Date:_____

Director of Curriculum Signature:_____