

Option: 1: Final Assessment

[To be completed upon conclusion of project or if teacher leaves the district.]

District _____ School _____ Date _____

Name _____

Certification(s)

Certification Expiration Date: _____

1. _____

2. _____

Using examples, summarize:

3. _____

▪ your learning as it reflects attainment of goals, and 4. _____

▪ the impact on student learning. (use additional sheets as needed)

Administrator has determined that _____ CEU's towards re-certification requirements have been satisfied.

By: _____ Staff Member	By: _____ Administrator/Designee	By: _____ Superintendent of Schools
Date: _____	Date: _____	Date: _____