



MyLearningPlan-PMDS Implementation Record
 District-level Professional Development Proposers
 School-level Professional Development Liaisons

Due Date: _____

Participant's Name: _____ Employee #: _____

Work Location Name: _____ Work Location #: _____

District-level Professional Development Proposers	School-level Professional Development Liaisons
Supervisor's Name:	Principal's Name:
Supervisor's Signature:	Principal's Signature

Trained by the Office of Professional Development and Evaluation on: _____

ACTION	DATE COMPLETED	COMMENTS
Trained administrators on MLP		
Trained faculty on MLP		

Follow-up Assignment

Following the professional learning session, participant has:

1. Trained administrators and all site staff/faculty members on MyLearningPlan
2. Uploaded Implementation Record and faculty roster signed by all trained staff/faculty members to MLP-PDMS
3. Assisted staff in completion of online survey

Participant's Signature: _____