Bemidji Committee on Continuing Education (BCCE) REFLECTIVE STATEMENT FORM Attach to a Final Approval and Documentation Form

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NAME		FILE FOLDER #	DATE
ISD 31 SCHOOL OR	MAILING ADDRESS		
practices techniques successes and challed learning progression learning? How have	will I use because of my grownges of using the new techniq? How will I assess the effecti	o answer every question every time. These are a guid with plan? How will I know the intended changes occuque? What type of student data or student work will iveness of the new teaching practice? How has my televement levels of ALL students? Did I reach my goal?	rred (evidence)? What were the teaching I examine to provide insight into the next eaching practice changed because of the
Date:	Goal:	Technique Implemented: _	
Colleague Signature: Reflection:			
Date:	Goal:	Technique Implemented:	
Colleague Signature: Reflection:			

Final Reflections: Did I reach my goal? Why or why not?

Reflective statement of professional accomplishment and your own assessment of professional growth showing evidence of one of the following: support for student learning; use of best practices techniques and their application to student learning; collaborative work with colleagues that include examples of collegiality (committee work, collaborative staff development programs, professional learning community work); or continual professional development that may include job-embedded or other ongoing formal professional learning.