BROOKHAVEN SCHOOL DISTRICT
Professional Development

Name: _____ School :_____

Title of Workshop or Conference: _____

PRE - ACTIVITY (Turned in with Request for Leave-Travel)

- **Briefly describe the activity:**

- **How will this activity improve student achievement or the quality of education for the students of Brookhaven School District?**

- **How will under – represented groups (minorities, LEP's, disabled, and economically disadvantaged benefit from this activity.**