

NAGC PROFESSIONAL DEVELOPMENT NETWORK AWARD

VERIFICATION OF PROGRAM DELIVERY

The annual NAGC Professional Development Award recognizes an individual(s), institution, or organization for planning and implementing sustained professional development for educators/service providers in the K–12 gifted education community, or for educators and service providers in higher education focused on gifted/talented education.

The application may relate to any age level within the gifted “education” context and may address any specific content area, have an interdisciplinary or multidisciplinary focus, and/or emphasize social emotional needs of gifted learners. Submissions that support content, pedagogical strategies, and/or affective curriculum to enhance the education of gifted/talented students are encouraged.

PD Program Title _____

PD Program Location(s) _____

PD Program Audience _____

Program Start Date _____ End Date (if applicable) _____

Applicant (contact person) _____

Applicant Position/Title _____

Telephone (office) _____ Telephone (other) _____

email _____

Full name(s) of those who delivered the PD Program (list up to four individuals)

With my signature, I verify that the above-named professional development program was provided to the audience indicated. I am the appropriate administrator to verify program delivery:

Signature: _____

Name of Administrator _____

Position/Title _____

Telephone (office) _____ Telephone (other) _____

email _____ FAX _____