

District _____ Region: **D F GR1 GR2 K MP Y** Teacher _____

Reporting Period (circle one) **December** ~~May~~ ~~August~~ Year _____

M³RP NON Teacher Leader Training Log

(please record all mathematics professional development, whether M³RP supported or not)

Date	Description of Activity	Content Strand(s)*	Name of Presenter(s)	M ³ RP Activity? ✓ if yes	Sub Needed? Y or N	# of Hours
TOTAL # HOURS for this reporting period						

I certify that the information above is correct.

Teacher's Signature

Date

I certify that the information above is correct to the best of my knowledge.

M³RP Contact Person's Signature

Date

***Content Strands:** **S**-statistics, **N**-Number concepts/relationships, **A**-algebra & algebraic structures, **G**-geometry & measurement, **P**-probability, **D**-discrete mathematics

Please return to the contact person in your district, so he/she may forward to our office. **Mail to Sandy Madden, M³RP Project Manager, Dept. Mathematics, Western Michigan University, Kalamazoo, MI 49008.**