CITS Professional Development



| LSC Mentor Name | | | | | |
|---------------------|------------|--------------------|-----------|---------|---|
| Discipline Area | | | | | |
| Date of Activity | | | | | |
| Meeting Format (ch | neck all t | hat apply) | | | |
| Group Mee | eting | Individual Meeting | In-Person | Virtual | |
| CITS Teacher(s) | | | | | |
| High School(s) | | | | | |
| CITS Courses | | | | | |
| Professional Develo | pment A | Activities | | | |
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Brief description of how the activities enhance course-content and/or address research and development in the field. Attach additional pages and examples as needed.

