PROFESSIONAL DEVELOPMENT
CTA Collaboration Sign Up Form
School _____

Teacher Name	Participating in After School Collab (on site)	Participating in Intra District Discrete Group	Discrete Group Facilitator	Self Directed on Collab in lieu May 21

Send completed form to CTA ProD Chair @ CTA Office!

*If a member changes their collab plan after filling out this form, please have them email the ProD Chair: pdchair@chilliwackteachers.com