

INSERVICE PLAN FORM

PHYS 636 Curriculum Enhancement II

University of Virginia

Name of Presenter:

School where Presenter teaches:

Location of school:

Type of Inservice Planned:

(i.e. - VAST, professional conference, school district)

Location of Planned Inservice:

Date of Planned Inservice:

**Please give a brief description of the demonstration or activity that you plan to do.
Attach sketches of anything that would be useful to help understand the plan.**