

**Oklahoma GEAR UP
Professional Development National Conference Attendance
Project Plan**

Name of Conference:	
Conference Date(s):	
Conference Location:	
Attendees at Conference:	
Post Conference Meeting Date:	Time:
Project Plan Highlights:	
Attendees at Project Plan Meeting:	
District and/or Grant Resources Required:	
Measurable Student Learning Objective(s):	
Check if the objective(s) are reflected in your GEAR UP Implementation Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mid-Year Project Review Date:	Time:
Mid-Year Project Review Summary:	

Attendees at Project Review Meeting:

Obstacles to Implementation *(If applicable):*

Final Project Review Date:

Time:

Attendees at Final Review:

Final Project Findings:

Will Project Continue? *(Check One)*

YES

NO

If project will not continue, provide a brief explanation why: