

PERSONNEL _____

03.19 AP.21

~~—CERTIFIED PERSONNEL—~~**Flexible Professional Development Form**

SCHOOL YEAR _____

NAME _____

SCHOOL _____

TITLE OF PROFESSIONAL DEVELOPMENT ACTIVITY _____

LOCATION _____ DATE _____

BEGINNING TIME OF ACTIVITY _____ ENDING TIME OF ACTIVITY _____

LENGTH OF ACTIVITY (HOURS): _____ WAS SCHOOL IN SESSION ON THIS DATE? _____

(NOTE: If activity is on a day that school is in session, it cannot count toward the four contract professional development days for 185 day contract employees, but will count as professional growth. Sessions held after school hours can be counted for professional development. College courses cannot count toward professional development).

TYPE OF ACTIVITY: ☐ WORKSHOP ☐ LECTURE/PRESENTATION
☐ CONFERENCE ☐ PROJECT/CURRICULUM DEVELOPMENT
☐ STUDY GROUP ☐ INSTITUTE

HOW WILL YOU USE THIS INFORMATION TO IMPROVE STUDENT ACHIEVEMENT?

PLEASE CHECK THE FOLLOWING:

☐ LEADERSHIP CREDIT (MUST PROVIDE APPROVAL # _____)☐ PROFESSIONAL DEVELOPMENT ACTIVITY☐ PROFESSIONAL GROWTH ACTIVITY

Signature
Principal's Approval

Central Office Approval
Approval Date

Return to Building Principal When Complete

Entered on computer ____/____/____ by _____