FORM G

Clyde-Green Springs Local Professional Development Committee

ON-GOING PROFESSIONAL DEVELOPMENT PROJECT VERIFICATION FORM

(Note: A separate form must be submitted for each activity or conference/workshop.)

Name_____Current Assignment_____Building HS MS GS VS SM

Description of Approved Equivalent Activity _____

_____

For conference/workshop/clinic/in-service activities attach one or more of the following to this form: certificate of attendance or other proof of attendance, a copy of the agenda or brochure, a brief typed report on your experience. For other activities, use this form as a log to track your progress and your hours spent. Upon completion, have your building principal, other administrator, or group supervisor sign the form before submitting it to the LPDC.

DATE	GOALS OR TASKS ACCOMPLISHED	HOURS

I certify that this log reflects actual time spent on this activity.
Signature_____ Date_____

Principal/Group Leader Signature_____Date_____

The LPDC has granted _____ hours or _____CEU's for this activity.

LPDC Chairperson_____Date_____