

STAFF DEVELOPMENT

STAFF MEMBER _____
(Please Print Your Name)

THIS FORM MUST BE COMPLETED AND ATTACHED TO WORKSHOP CERTIFICATES, SIGN-IN SHEETS, COLLEGE GRADE REPORTS, ETC. THAT ARE BEING SUBMITTED FOR STAFF DEVELOPMENT POINTS.

DATE OF WORKSHOP _____

DESCRIPTION OR TITLE

WORKSHOP LOCATION _____

STAFF DEVELOPMENT POINTS REQUESTED _____
(1 Hr. = 1 PT. OR 1 COLLEGE CREDIT HR. = 15 PTS.)

IF THIS WORKSHOP OR CLASS COVERED TECHNOLOGY TRAINING, A.I.D.S., MULTI-CULTURAL, OR PARENT OUTREACH TOPICS, THEN CHECK THE APPROPRIATE LINE BELOW.

TECH. TRAINING AIDS MULTI-CULT. PAR. OUT.
CPR FIRST AID BUS DRIVER TRAINING

STAFF MEMBER SIGNATURE _____

POINTS APPROVED _____ NOT APPROVED _____

COMMITTEE MEMBER SIGNATURE _____