

**PROFESSIONAL DEVELOPMENT VERIFICATION
FOR ADAIR COUNTY CERTIFIED EMPLOYEES
2018-2019**

24 Hrs. Required Annually

Participant's Name _____

School/Other _____

Activity 1				
<u>Name of Training / Location</u>	<u>Date</u>	<u>No. of Hours</u>	<u>Please check all that apply</u>	<u>Please check one</u>
	_____	_____	<input type="checkbox"/> CDIP <input type="checkbox"/> CSIP <input type="checkbox"/> Professional Growth Plan	<input type="checkbox"/> Sign in Sheet <input type="checkbox"/> Certificate
Activity 2				
<u>Name of Training / Location</u>	<u>Date</u>	<u>No. of Hours</u>	<u>Please check all that apply</u>	<u>Please check one</u>
	_____	_____	<input type="checkbox"/> CDIP <input type="checkbox"/> CSIP <input type="checkbox"/> Professional Growth Plan	<input type="checkbox"/> Sign in Sheet <input type="checkbox"/> Certificate
Activity 3				
<u>Name of Training / Location</u>	<u>Date</u>	<u>No. of Hours</u>	<u>Please check all that apply</u>	<u>Please check one</u>
	_____	_____	<input type="checkbox"/> CDIP <input type="checkbox"/> CSIP <input type="checkbox"/> Professional Growth Plan	<input type="checkbox"/> Sign in Sheet <input type="checkbox"/> Certificate
Activity 4				
<u>Name of Training / Location</u>	<u>Date</u>	<u>No. of Hours</u>	<u>Please check all that apply</u>	<u>Please check one</u>
	_____	_____	<input type="checkbox"/> CDIP <input type="checkbox"/> CSIP <input type="checkbox"/> Professional Growth Plan	<input type="checkbox"/> Sign in Sheet <input type="checkbox"/> Certificate

Attending Opening Day "kick-off" does not count as PD

Total Hours _____

Participant's Signature

Principal's Signature

Date: _____

PD Coordinator's Initials _____

** Please list any activities completed between May 30, 2018 – April 30, 2019**

Send completed form to Academic Dean's office by April 30, 2019