RECORD OF PROFESSIONAL DEVELOPMENT HOURS

ANNUAL REVIEW: (Attach relevant documentation where applicable)

Activities/Workshops	Dates	# of Hours	Documentation Enclosed

Total number of hours completed _____ **From** _____ **To** _____

Staff Member's Name (Please Print) _____

Staff Member's Signature _____

Supervisor's Signature _____

** Participation in district professional development activities which are part of the approved district professional development plan must be recorded on this form.*

White - Staff Member's Copy Yellow - Curriculum Office Copy Pink - Principal's Copy

Monroe Township Public Schools