

Professional Development Points (PDPs) for Attendance at a *District* Training Program

Name: _____

Title of In-service: _____

Date: _____

Attendance Hours: _____

Description of Follow-up Activity: _____

[Attach "observable demonstration of learning" i.e. Lesson plans, curriculum changes, presentation materials]

Total Hours (include both program hours and follow-up activity): _____
(10 hours or more in one subject area)

Participant's Signature: _____

Date: _____

North Shore Regional Vocational School District Approved PDPs, Total: _____

Administrative Approval: _____ Date: _____