

BRECKINRIDGE COUNTY SCHOOLS
PROFESSIONAL DEVELOPMENT PARTICIPATION CONFIRMATION FORM

School Year _____

(NAME) (SCHOOL) (DATE)

(NAME of WORKSHOP) (NUMBER of HOURS FLEXIBLE PD CREDIT REQUESTED)

(LOCATION of WORKSHOP & SPONSOR) (DATES of WORKSHOP)

TITLE OF SPECIFIC SESSIONS YOU WILL ATTEND*:	DATE(S):	TIME(S):
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Attach copy of program agenda**

I understand that I must have **prior approval** before attending the above named workshop for professional development credit.

{It is the responsibility of the participant to submit one copy of this form and one copy of the evaluation form for each workshop attended to the central office within five days after attending the workshop in order that attendance may be verified and credit applied toward professional development. Credit will not be given if this process is not completed and submitted within the guidelines. I agree to share information gained (formally and/or informally).}

(PARTICIPANT'S SIGNATURE) (DATE)

As PD Coordinator of my school, I verify by signing this form that this workshop pertains to the above named participant's subject area and/or our School's Improvement Plan and supports our PD Plan; therefore, qualifying for PD credit.

(SCHOOL PD COORDINATOR'S SIGNATURE) (DATE)

(SCHOOL PRINCIPAL'S SIGNATURE) (DATE)

(DISTRICT PD COORDINATOR'S SIGNATURE) (DATE)

PARTICIPATION CONFIRMED BY: _____
(SIGNATURE / POSITION)

TELEPHONE NUMBER: (_____) _____ DATE: _____