

PICKENS COUNTY PUBLIC SCHOOLS

PRINCIPAL'S ANNUAL FACULTY VERIFICATION REPORT

SCHOOL: _____ **INSERVICE/PROFESSIONAL DEVELOPMENT ACTIVITY** _____ **SCHOLASTIC YEAR** 2005 - 2006

FACULTY LIST		COMPLETE	INCOMPLETE	NUMBER OF HOURS	IF INCOMPLETE, DATE OF CONFERENCE WITH TEACHER
1					
2					
3					
4					
5					
6					
7					
8					
9					
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11					
12					
13					
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31					
32					
33					
34					
35					

DATE

PRINCIPAL'S SIGNATURE

THIS FORM IS DUE INTO THE SUPERINTENDENT'S OFFICE BY JUNE 1 OF EACH SCHOLASTIC YEAR.