

VERIFICATION OF PARTICIPATION IN PROFESSIONAL MEETINGS AND CONFERENCES

Name _____ EMPLOYEE ID # _____

School/Position _____

Type and Title of Meeting _____

Date(s) of Meeting _____

Place of Meeting _____

Number of Hours of Actual Participation in Conference/Meeting (Exclude Lunch & Breaks) _____

List School Improvement Plan / Individual Professional Plan objectives to be met by this activity. Explain how professional development interfaces with Learning Focused Strategies

What will you incorporate from participating in this meeting/conference that will serve to increase your effectiveness in improving student achievement?

Signed _____ Date _____
Participant

Approved _____ Date _____
Supervisor of Professional Learning/Designee

Complete this form after attending a meeting/conference outside the district. Return to the Professional Learning Department at SCO with agenda and sessions attended highlighted or certificate of completion verifying hours of training to receive inservice points.

Posted By: _____ Date: _____ Comp.# _____