

**CLASSIFIED EMPLOYEES
PROFESSIONAL DEVELOPMENT REPORT
2016-17**

Name _____

School _____

Please list any or all professional development activities you may have attended. You are required to work 4 days (24 hours) for professional development in addition to the calendar year. If you worked in your building instead of professional development activities, please list the dates and activities. These days require prior approval by the building principal.

DATE	HOURS	WORKSHOP TITLE/ACTIVITY

I have completed a minimum of 4 days (24 hours) equal to professional development for the 2016-2017 school year.

****Any Professional Development done out-of-district must have documentation attached.**

Signature

Date

Principal's Signature

To be returned to Instructional Supervisor's office by April 30, 2017.

***Instructional assistants working directly with teachers should align their Professional Development to that of the teacher. (i.e. preschool, kindergarten, special ed.)**

****All preschool assistants must attend the same trainings as the teachers with whom they work.**

