

# Carroll Consolidated School Corporation Professional Development Documentation Form

Teachers – Use this form if you have no other official documentation.

\_\_\_\_\_ School In-Service

\_\_\_\_\_ Workshop

\_\_\_\_\_ Professional Conference

\_\_\_\_\_ Presenter

\_\_\_\_\_ Student Teacher Supervisor

\_\_\_\_\_ New Teacher Mentor

\_\_\_\_\_ Curriculum Development

\_\_\_\_\_ Formal Committee Work

Please briefly describe the professional development activity:

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Please list the date(s) and the amount of time. Do not include time for travel, lunch, etc.

Dates

Length (Hours)

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TOTAL TIME

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- If not witnessed by your building administrator, please attach documentation that proves your attendance/participation.
- Get the form signed by your building administrator as soon after the activity as possible.
- The information above is accurate to the best of my knowledge.

\_\_\_\_\_  
Teacher Printed Name

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Administrator Printed Name

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date Signed