

# Professional Growth Sign In Sheet

Workshop / meeting / presentation: \_\_\_\_\_

Trainer / administrator / presenter: \_\_\_\_\_

Date: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Curriculum pay was pre-approved by: \_\_\_\_\_

Name of Attendee	√ if used for pay at curriculum rate	√ if used for District Clock Hours
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

**Send completed sheet(s) to Curriculum Office to be filed / processed**