

Professional Growth Sign In Sheet

Workshop / meeting / presentation: _____

Trainer / administrator / presenter: _____

Date: _____ Start time: _____ End time: _____

Credit towards Staff Prep time was pre-approved by: _____

Name of Attendee	√ if used for 8 hours of Staff Prep	√ if used for District Clock Hours
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Send completed sheets(s) to Curriculum Office to be filed