Bullitt County Public Schools
PROFESSIONAL DEVELOPMENT
2015 – 2016

Participant’s Name: ________________________________ Employee Number: ____________
School: __________________________________________ School Code: ____________

All required professional development must meet the following High Quality P.D. Criteria:
✓ It must be based on CSIP or CDIP.
✓ It must be sustained and focused.
✓ It must improve knowledge of academic content and strategies.
✓ It must provide skills linked to Program of Studies and Core Content.
✓ Prior approval must be received from the building principal or immediate supervisor to receive credit for activity.

Activity 1

Name of Workshop/Training: __________________________________________
Location of Workshop/Training: _________________________________________
Name of Presenter(s): _________________________________________________
Dates(s) of Workshop/Training: __________________ No. of hours: ________

Participant’s Signature

Activity 2

Name of Workshop/Training: __________________________________________
Location of Workshop/Training: _________________________________________
Name of Presenter(s): _________________________________________________
Dates(s) of Workshop/Training: __________________ No. of hours: ________

Participant’s Signature

Activity 3

Name of Workshop/Training: __________________________________________
Location of Workshop/Training: _________________________________________
Name of Presenter(s): _________________________________________________
Dates(s) of Workshop/Training: __________________ No. of hours: ________

Participant’s Signature

Activity 4

Name of Workshop/Training: __________________________________________
Location of Workshop/Training: _________________________________________
Name of Presenter(s): _________________________________________________
Dates(s) of Workshop/Training: __________________ No. of hours: ________

Participant’s Signature

This verifies that the above professional development activities have been completed for which professional development credit is approved and will be given.

Signature of Principal: ________________________________ Date: ____________

**A copy of this completed form should be retained by participant, a copy should be given to school PD coordinator or principal, and a copy should be sent to the HR Office @ Central Office by the school PD coordinator when submitting the end of year School Professional Development Verification report.**