ALLEGHANY COUNTY PUBLIC SCHOOLS
PROFESSIONAL DEVELOPMENT VERIFICATION FORM

Print Form

The substance or content of each renewal activity must be consistent with the license holder's goal(s) for professional development and must clearly fit one or more of six domains of professional competency in education. License holders should choose and advisors should verify, only those activities whose substance is clearly included within one of the six domains of professional traits identified in the licensure renewal manual.

RENEWAL OPTION: # _____

TITLE OF ACTIVITY: _____

OPTION DESCRIPTION: _____

_____

_____

_____

DATE(S) OF ACTIVITY: _____

POINTS AWARDED: _____ unless stated otherwise.

PARTICIPANTS: PLEASE PRINT FULL ***LEGAL*** NAME

1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	

Attach list of additional names if number of participants exceeds 30.

_____ _____

In-Service Activity Coordinator Date Advisor Date

_____

Director of Human Resources & Pupil Personnel Date

Distribution & Routing: PRIOR TO STAFF DEVELOPMENT - AdvisorActivity Coordinator
Distribution & Routing: FOLLOWING STAFF DEVELOPMENT - Activity CoordinatorParticipant (s) and Master Participant list toDirector of Human ResourcesIndividual Certificates of Participation may be provided to participants at the Activity Coordinator's discretion

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60