**Paterson Public Schools**

**90 Delaware Avenue**

**Paterson, NJ 07503**

**Office of Staff Development**

**RECORD OF PROFESSIONAL DEVELOPMENT HOURS**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Event Title** | **Topic** | **Date** | **No. of Hours** | **Signature of Principal or Designee** | **Notes** |
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**PLEASE KEEP A COPY OF THIS COMPLETED FORM IN YOUR RECORDS.**

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| **Event Title** | **Topic** | **Date** | **No. of Hours** | **Signature of Principal or Designee** | **Notes** |
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**Total Number of Hours Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Person’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*A copy of this form shall be kept in the staff member’s building level personnel file.

Participation in building level professional development activities must be recorded on this form. The total number of hours will be tallied, signed-off on by the building administrator, recorded on a certificate, and given to the staff member quarterly. A copy of the certificate must be kept in the staff’s building level personnel file.