**Greene County Board of Education**

**PROFESSIONAL DEVELOPMENT BENEFIT FORM**

**Name**   **School**

**Title of Prof. Dev.**

**Place of Prof. Dev.**

**Date of Prof. Dev.**

**Focus Area(s)**

**Number of workshops attended to date**

**Statement of anticipated benefit of workshop:**

**Correlation of workshop with school needs assessment and ACIP:**

**Method of sharing benefit with co-workers:**

\_\_\_\_\_ Faculty Meeting

\_\_\_\_\_ Data Meeting

\_\_\_\_\_ School/System Workshop

\_\_\_\_\_ Grade – level Meeting

\_\_\_\_\_ Other (Specify)

**Anticipated Date of Sharing:**

**Educator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Revised May 1, 2017 - Newest Version**