

# BARREN COUNTY SCHOOLS

## PROFESSIONAL LEARNING DOCUMENTATION FORM

School Year – 20\_\_ - \_\_

Participant's Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School: \_\_\_\_\_ School Code: \_\_\_\_\_

All required professional learning (formerly referred to as professional development) must meet the following quality indicators for professional learning:

- ✓ Must be based on school or district improvement plans (CSIP/CDIP).
- ✓ Must be sustained and focused.
- ✓ Must improve knowledge of academic content and strategies.
- ✓ Must provide skills linked to Program of Studies, KY Core Academic Standards, or Core Content.
- ✓ Prior approval must be received from **building principal** or immediate supervisor to receive credit for the activity.

### Activity 1

Name of the Workshop/Training: \_\_\_\_\_

Location of the Workshop/Training: \_\_\_\_\_

Name of Presenter(s): \_\_\_\_\_

Date(s): \_\_\_\_\_ Number of hours: \_\_\_\_\_

<b>- Evaluation -</b>			
<b>Low</b>		<b>High</b>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

### Activity 2

Name of the Workshop/Training: \_\_\_\_\_

Location of the Workshop/Training: \_\_\_\_\_

Name of Presenter(s): \_\_\_\_\_

Date(s): \_\_\_\_\_ Number of hours: \_\_\_\_\_

<b>- Evaluation -</b>			
<b>Low</b>		<b>High</b>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

### Activity 3

Name of the Workshop/Training: \_\_\_\_\_

Location of the Workshop/Training: \_\_\_\_\_

Name of Presenter(s): \_\_\_\_\_

Date(s): \_\_\_\_\_ Number of hours: \_\_\_\_\_

<b>- Evaluation -</b>			
<b>Low</b>		<b>High</b>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

### Activity 4

Name of the Workshop/Training: \_\_\_\_\_

Location of the Workshop/Training: \_\_\_\_\_

Name of Presenter(s): \_\_\_\_\_

Date(s): \_\_\_\_\_ Number of hours: \_\_\_\_\_

<b>- Evaluation -</b>			
<b>Low</b>		<b>High</b>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

I have completed a minimum of 24 hours (4 days) of professional development for this school year. I have not listed activities for which stipend or pay was given. In accordance with Barren Co Board Policy 03.19 and Administrative Procedure 03.19 AP.1, all Professional Learning must be completed and reported no later than **May 1**.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*A copy of this completed form should be retained by participant and a copy should be given to school professional learning coordinator or principal/supervisor.**