

**Ohio Professional Development
Crestwood Local School District**

Verification of Participation

Professional Development Program:

Provide Title

Date and Location:

Presenter/Facilitator (including title and credentials):

Presenter(s)

Title

Credentials/Employer

Program/Project Goals and Objectives

Participants will:

- [state specifically; begin each bullet with a verb]

Description of Professional Development Experience

Nature of Activity: Workshop, Course, Series of Workshops, Conference session

Contact Hours: Specify actual hours of engagement

Participant Role: For example: Listening to presenters, participation in individual and group activities, exploration of relevance and potential applications of workshop content to local situation, interactive dialogue and questions with presenters and /or colleagues.

This certificate verifies participation in the NAME OF THE SPONSORING ORGANIZATION activity described above. Participants are responsible for conveying this information to their Local Professional Development Committee in a manner consistent with their local guidelines.

Meeting Facilitator (Print)

Participant (Print)

Signature

Date

Signature

Date