

Crestwood Local Schools

Verification of Participation Form

Name:

Last

First

M.I.

Professional Development Activity: List the title of the activity and the presenter information

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Project/Program Goals and/or Objectives: List the program/project goals and/or objectives

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Description of Professional Development Experience:

Description of the Activity:

Participants Role in the Activity:

Contact Hours for the Activity:

The 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):	Date:
Meeting Facilitator (Signature):	Participant (Signature):	Date:

