

Appendix 13

Hillsboro Professional Development Committee
Activity Verification Form
Required for Group 3 and 4 Activities
(Complete a new form for each activity)

Name _____ Building _____

Check One: Group 3 _____ Group 4 _____ (see below)

Type of Activity (See Appendix 12) _____

Educator's Signature _____ **Date** _____

<u>Date</u>	<u>Hours</u>	<u>Description of Activity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours _____

Total CEU's _____

Administrator's Signature to verify completion for Group 3 and 4 activities.

Signature Date

For Group 4 activities attached a personal reflection concerning the impact this activity did have on your professional development and how it will help to meet your professional development goals.