

Midwestern Intermediate Unit IV
453 Maple Street • Grove City, PA 16127

Paraprofessional Participant Data Form

Last Name: _____ First Name: _____ MI: _____

Home Phone No: _____ Work Phone No: _____

Street Address: _____

City, State and Zip Code: _____

Email Address: _____

Employer: _____

Street Address: _____

City, State and Zip Code: _____

*Note: Your 6 digit Personnel ID Number would be your **First Initial** of your **first name** & your **First Initial** of your **last name** and **last 4 digits** of your **Social Security Number**.*

6 Digit Personnel ID: _____

Activity

Title of Learning Activity: _____

Date of Learning Activity: _____

Detailed Description of Learning Activity: _____

Instructor/Presenter: _____

Hours to be Awarded: _____

Notes:

- MIU IV employees: Return to the MIU IV Continuing Education Department to have it entered in the database.
- **You must complete 20 hours of paraprofessional development on a yearly basis.**

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I further certify that this Participant Data form was completed by me.

Signature

Date