

Hancock County Schools

**CLASSIFIED** PERSONNEL PROFESSIONAL DEVELOPMENT VERIFICATION

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

Pursuant to KY state law all PD must address an objective or activity in one of the following improvement plans: CDIP, CSIP, IGP, or Suicide Prevention  
All PD credit must be a pre-approved activity.

**Amount of PD time due is 1X your daily # of hours worked (ex.—1x7 hrs.= 7 PD hrs.) Not including State mandates such as PBIS and BBP.**

Name of Workshop/Training _____  Date(s) of Workshop/Training _____ Location of Workshop/Training _____  Name of Presenter(s) _____ Presenter Signature _____	<b># of Hours</b>
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I verify that I participated in the above activities as approved by my principal.

**TOTAL HOURS**

Participant's Signature \_\_\_\_\_

Principal's Signature \_\_\_\_\_

\_\_\_\_\_

