

*Schuylkill Intermediate Unit 29
ACT 48 Professional Development
Workshop/Training/Activity*

Attendance Roster for participants employed outside IU 29 boundaries

This form to be used by:

- Employees of districts and private schools **outside** the geographic boundary of Schuylkill IU 29
- Retirees

Section I: Completed by Facilitator or Presenter. Please print or type.

Activity Subject Area: <input checked="" type="checkbox"/> Check one			
<input type="checkbox"/> Teaching & Learning Professional Development		<input type="checkbox"/> Technology	
<input type="checkbox"/> Standards Area Curriculum & Assessment		<input type="checkbox"/> Student Social & Health Issues	
<input type="checkbox"/> Academic Content Studies		<input type="checkbox"/> School Administration	
Title of Activity:		Start Date:	
		End Date:	
IU 29 Facilitator:		Start Time:	
		End Time:	
Presenter: (if different)			
Location:		Total Hours:	

Section II: Participants not employed within geographic boundary of Schuylkill IU 29 must complete all information the day of the session to receive credit for ACT 48 hours.

PPID Number: _____			
Name: _____			
Home Address:	Street:	_____	
	City:	State: _____	Zip: _____
Phone:	Home: _____	Work: _____	
Email:	Home: _____	Work: _____	
Employer:	District: _____	Other: _____	
Employer Phone:	_____		
Signature	In	_____	Out

PPID Number: _____			
Name: _____			
Home Address:	Street:	_____	
	City:	State: _____	Zip: _____
Phone:	Home: _____	Work: _____	
Email:	Home: _____	Work: _____	
Employer:	District: _____	Other: _____	
Employer Phone:	_____		
Signature	In	_____	Out
