



LOWNDES COUNTY PUBLIC SCHOOLS

Monthly Professional Development Form

_____, 20____

SCHOOL _____ PRINCIPAL _____

DATE OF INSERVICE _____ TIME _____ NO.CEU(S) _____

INSERVICE TOPIC(S):

PRESENTER(S)/CONSULTANT(S)

ACTIVITIES:

ATTENDANCE:

Central Office Staff (List Names) _____

Number of School Employees _____

List Names of Absentees _____

Summary of Evaluation Data:

Please complete this form and return by the 5th of the month. **Attach a copy of the agenda and sign-in sheet.**