Paterson Public Schools
Division of Academic Services
RECORD OF PROFESSIONAL DEVELOPMENT HOURS
To be updated and certificate given quarterly

Name_____School_____

Event Title	Topic	Date	# Hours	Signature of Principal Or Designee	Notes

Event Title	Topic	Date	# Hours	Signature of Principal Or Designee	Notes

Total Number of hours completed_____ From_____To_____

Staff Person's Signature_____ Date_____

Administrators Signature_____ Date_____

*A copy of this form shall be kept in the staff member's building level personnel file.
Participation in building level professional development activities must be recorded on this form. The total number of hours will be tallied, signed-off on by the building administrator, recorded on a certificate, and given to the staff member quarterly. A copy of the certificate and this form must be kept in the staff's building level personnel file.