

Activity Documentation Form

NAME: _____

SCHOOL: _____

DISTRICT: _____

POSITION: _____

ACTIVITY

TITLE: _____

DESCRIPTION: _____

TEACHING/ADMINISTRATOR STANDARD:

PROFESSIONAL DEVELOPMENT OPTION:

CLOCK HOURS OF ACTIVITY: _____ **DATE(S):** _____

RELEVANCE OF ACTIVITY TO MY PROFESSIONAL GROWTH:

(Signature /Applicant)

(Signature/Supervisor of Activity)

(Date)

(Print Name)

Prior Approval (as needed):

(Title)

(Signature/Immediate Supervisor)

(Telephone Number)

(Print Name)

(Title and Date)