SCHOOL DISTRICT OF UPPER DUBLIN
Staff Development

Name: _____ School: _____ Grade/Subject: _____

Activity Title _____ Date of Activity _____ Hours ____

Staff Development Activity: Please check one

These are Pre-Approved:

___Course of Activity offered in district
___District Committee
___District Workshop
___ _____

These need Pre-Approval:

___Out of District Workshop
___Curriculum Project
___Study Group
___Adult School Course (Computer)
___Graduate/ In-service course
(Above M+30)
___ _____

Description of the Staff Development Activity:

_____

_____

_____

Pre-approval section: Please have a principal or supervisor complete this section before you begin a staff development activity that needs pre-approval.

I have reviewed this activity with the applicant and have found it to meet the requirements of effective staff development.

_____ _____
Pre-approval signature **date**

Attendance Verification Section: Please have this section signed by the workshop presenter, supervisor, or building principal to verify your attendance or completion of the activity.

I verify that this applicant has completed the activity as described above and should be credited with staff development as listed.

_____ _____
Verifying signature **date** **teacher's signature** **date**