

# MODEL LABORATORY SCHOOL

## AT EASTERN KENTUCKY UNIVERSITY

### Flexible Professional Development Documentation Form 2019-2020

Name \_\_\_\_\_ Date \_\_\_\_\_

Title & Provider of PD Activity \_\_\_\_\_

Location \_\_\_\_\_ Length of Activity (hours) \_\_\_\_\_

*(Note: If the activity occurred on a day that school is in session, it can only count toward your required flexible professional development days if it was held after school hours. College courses cannot count toward professional development.)*

#### Type of Activity:

\_\_\_ Workshop/Conference    \_\_\_ Lecture/Presentation    \_\_\_ Curriculum Development

\_\_\_ Other: \_\_\_\_\_

#### Goals of Activity Related to:

\_\_\_ Individual Growth Plan    \_\_\_ Model Strategic Plan

\_\_\_ Other: \_\_\_\_\_

#### **One the back, explain how the activity related to the goal(s) identified above.**

*Note: This form is to be completed and submitted to your principal after you have attended the professional development event. Your original certificate or confirmation of attendance **must** be attached to this form.*

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Principal/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Curriculum Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Logged into Database \_\_\_/\_\_\_/\_\_\_ by: \_\_\_\_\_