RECORD OF PROFESSIONAL DEVELOPMENT HOURS
WEST WINDSOR-PLAINSBORO REGIONAL SCHOOL DISTRICT

Last Name, First Name, MI	School	School Year

ANNUAL REVIEW: (Attach relevant documentation where applicable)

Date	Description of PD Activity	Approved PD Category*	#Hours	Documentation**

Total number of hours completed _____ **From** _____ **To** _____
Staff Person's Signature _____ **Date** _____
Supervisor's Signature _____ **Date** _____ *(Supervisor's signature acknowledges receipt of annual review)*

* **Approved Category**

1. Formal courses and conferences
2. Seminars and workshops
3. CCCS curriculum committee
4. Activity that serves the profession
5. Independent professional studies
6. District Professional Development Goal Activity

** **Type of Documentation**

T – Transcript **C** – Certificate **A** – Signed Attendance Record **L** – Log of Hours

- A copy of this form shall be kept in the staff person's personnel file
- Participation in the district professional development activities which are a part of the approved district professional development plan must be recorded on this form.