

**PLEASE SIGN NAME AND COMPLETE SS# IN BLACK INK**

**RECORD OF STAFF DEVELOPMENT ACTIVITY  
SCHOOL YEAR 20\_\_ - 20\_\_**

WORKSHOP TITLE \_\_\_\_\_

CONTENT AREA CREDIT? YES \_\_\_ NO \_\_\_ LITERACY CREDIT? YES \_\_\_ NO \_\_\_

SPONSORING AGENCY \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_

NUMBER OF CLOCK HOURS \_\_\_\_\_ DATE OF STAFF DEVELOPMENT \_\_\_\_\_

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**\*COMPLETE Social security number required in order to receive renewal credit.**

**NAME**

**Last Four of Social Security Number**

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