

## Glassboro Public Schools Record of Professional Development Hours

<b>Name:</b> _____			<b>9/18-6/19</b>
<b>School:</b> _____			
Annual Review: Attach relevant documentation where applicable			
<b>Dates</b>	<b>Activity/Topic</b>	<b>Documentation</b>	<b>Total Hours</b>
9.4.18	First Day- Teacher In-Service (SEL/Trauma)	No Certificate Needed	6
9.5.18	Teacher In-Service	No Certificate Needed	6
10.5.18	Teacher In-Service PreK-8 (SEL/Trauma)	No Certificate Needed	6
2.15.19	Teacher In-Service Pre K-12 (SEL/Trauma)	No Certificate Needed	6
Ongoing	Safe Schools Training	No Certificate Needed	
	Please add in your own hrs for Safe Schools		
<b>Total number of hours completed</b>		<b>From 9/18to 06/19</b>	<b>24</b>
***All teachers are required to complete 20 hours each year.			
<b>Staff Person's Signature:</b> _____			<b>Date:</b> _____
<b>Administrator's Signature:</b> _____			<b>Date:</b> _____
(Administrator's signature acknowledges receipt of annual review)			

\* A copy of this form shall be kept in the staff member's personnel file.

\* Participation in district professional development activities which are a part of the approved district professional development plan must be recorded on this form.