

**CABOT PUBLIC SCHOOLS
PROFESSIONAL DEVELOPMENT
DOCUMENTATION of ATTENDANCE
District Preapproval Number**



Title: _____

Date: ____/____/____

Location: _____

Participant's Name _____

School _____

****Total PD hours earned:** _____

PREAPPROVAL # _____

Type of PD hours requested:

_____ Back to School: _____ District PD _____ PGP PD (non student contact time)

_____ flex/independent: attached to PGP/Goal (non student contact time)

_____ additional PD: not attached to PGP (non student contact time)

_____ embedded PD: attached to PGP goal

_____ professional leave
(attended during student contact time /does not count toward required PD hours)

****Participant is responsible for posting PD hours to Shoebox and maintaining the documentation.**

Check one or more of the professional development areas to which the training applies.

___ Instructional Strategies ___ Instructional Content ___ ADE Required ___ Other

If part of the PGP, link the training to your PGP goal and TESS component

PGP Goal: _____ TESS: _____

Signature of Presenter: _____ Date: _____

Administrative Approval: _____ Date: _____

(Administrator issuing documentation is responsible for sign in sheets, content of workshop and final products if appropriate)