

**CABOT PUBLIC SCHOOLS**

**PROFESSIONAL DEVELOPMENT**

**DOCUMENTATION of ATTENDANCE**

**SHOEBOX Registration**

 Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Participant’s Name School

**\*\*Total PD hours earned: SHOEBOX # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_ FLEX Professional Development ( Non-Contract Time)**

(Counts toward the required flex hours of PD **)**

**\_\_\_\_\_\_\_\_\_\_\_ Professional Leave ( Student contact days)**

 (Does NOT count toward required or incentive / Post in Shoebox as “0” hours)

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

**Type of PD \_\_\_\_\_\_\_ general \_\_\_\_\_\_\_ parental involvement \_\_\_\_\_\_\_Arkansas History**

 **by hours:**

 **(Special PD) \_\_\_\_\_\_\_Scholarship/Lottery \_\_\_\_\_\_\_ data / finance**

**Guiding Principles for All Professional Development**

*All professional development in Arkansas must address one of the thirteen areas adopted by the State Board of Education Professional Development Document under Act 35 of 2003, Standards for Accreditation of Arkansas Public Schools, and Ark. Code Ann. 6-15-1001 through 6-15-1006.*

Please check at least one or more of the thirteen areas of professional activities designed to improved students’ Academic performance approved by the State Board of Education.

 □ Arkansas Content Standards/Frameworks □ Assessment

 □ Instructional Strategies □ Systemic Change Process

 □ Advocacy/Leadership □ Curriculum Alignment

 □ Supervision □ Mentoring/Coaching □ Principles of Learning/Developmental Stages □ Building a Collaborative Learning Community

 □ Cognitive Research □ Health and Wellness

 □ Arkansas History □ Parental Involvement

 □ Health and Wellness

Signature of Presenter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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