

**Cabot Public Schools
Professional Development
Conference Documentation Form**



Name of Conference: _____

Location of Conference: _____

Date(s) Attended: _____

Total FLEX Hours (FX) attended during the conference: _____ **(off contract)**

___ general ___ technology ___ parental involvement ___ AR History ___ data / finance (admin only)

Total Professional Leave Hours (PL) attended during the conference: _____

___ general ___ technology ___ parental involvement ___ AR History ___ data / finance (admin only)

Documentation

- Attach a copy of the preapproval form
- Complete this form by listing sessions attended
- Attach a copy of the program cover, booklet or agenda

Day 1: _____

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Day 2: _____

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Day 3: _____

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Day 4: _____

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Session Title: _____ Hours: _____ PL / FX

Conference Documentation Form

FX: FLEX hours (Count toward the 60 required (Flex) or incentive hours)
PL: Professional Leave (Does not count toward 60 required or incentive hours)