



**CABOT PUBLIC SCHOOLS
PROFESSIONAL TRAINING
DOCUMENTATION of ATTENDANCE**

This workshop has been preapproved by the Cabot Public Schools and follows all state and federal guidelines for professional training.

Training: _____

Date: _____/_____/_____

Location: _____

Participant's Name

School

APPROVAL # _____

Category: _____ Paraprofessional _____ Secretarial _____ PreK _____ Other: _____

_____ Science: CESL _____ Educational Technologist: Ed Techs _____ Physical Education

Signature of Presenter: _____ Date: _____