

RECORD OF PROFESSIONAL DEVELOPMENT HOURS

Name:

District: [Butler Public Schools](#)

ANNUAL REVIEW: (Attach relevant documentation where applicable)

Activities	Dates	# of Hours	Documentation

Total Number of Hours Completed:

From:

To:

Staff Person's Signature:

Date:

Supervisor's Signature:

Date

- 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.