

Warren County Special Services School District
1500 Route 57, Suite 1
Washington, NJ 07882
Tel. 908-835-1004 Fax 908-835-1042

RECORD OF PROFESSIONAL DEVELOPMENT

Name: _____ District _____

ANNUAL REVIEW: *(Attach relevant documentation where applicable)*

Activities	Dates	# Hours	Documentation

Total number of hours completed _____ From _____ To _____

Staff Person's Signature _____ Date ____/____/____

Supervisor's Signature _____ Date ____/____/____

(Supervisor's signature acknowledges receipt of annual review.)

* 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.