

**PROFESSIONAL STAFF DEVELOPMENT  
INSERVICE CREDIT SUMMARY**

Please complete and return the following information to the Superintendent of Schools upon completion of a pre-approved learning experience for inservice credit.

Name \_\_\_\_\_

Current Teaching Assignment/School \_\_\_\_\_

Name of Learning Experience \_\_\_\_\_

Date(s) of Experience \_\_\_\_\_

Description of Learning Experience (*Include Professional Development outcomes, Reflections on application to professional responsibilities, Self-evaluation/assessment of involvement in the experience.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Hours Completed \_\_\_\_\_

*I certify that I understand that the awarding of inservice credit is in lieu of any payment for participation (registration fees, use of substitute, etc.) and for work outside of the school day.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

-----**FOR OFFICE USE ONLY**-----

**Awarding of Inservice Credit**

Inservice Credit(s) Granted \_\_\_\_\_

Superintendent of Schools \_\_\_\_\_ Date \_\_\_\_\_

Adoption date: March 23, 2006