

ASHE COUNTY SCHOOLS

INDIVIDUAL STAFF DEVELOPMENT LOG FOR RENEWAL CREDIT / CONTINUING EDUCATION UNITS (CEUs)

NAME _____ SCHOOL ASSIGNED _____ RENEWAL CYCLE _____ - _____

School Year 2015-2016

CONTACT HOURS

Workshop Title (1)	Date(s) of Workshop (2)	Technology (3)	Academic Subject Area(s) (4)	Reading/Literacy (5)	Principal Credits (6)	All Others (7)	Total (8)	PDP Goal Met (9)
Total Contact Hours								

VERIFICATION:

I certify that this is an accurate account of my renewal credit activities for the current school year.

I certify that these activities are appropriate to meet our School Improvement Goals and for the participant's job assignment, licensure areas, and Professional Development Plan (PDP)

Participant's Signature _____ Date _____

Principal's Signature _____ Date _____