

**XENIA COMMUNITY SCHOOLS – 2011-2012
STAFF DEVELOPMENT Record Keeping Form / PDP Reflection Paper**

Please complete this form when you want to receive **Staff Development Credit** for activities in which you participate. **The negotiated agreement requires that each employee attend Staff Development activities, outside the normal working day, equal to the number of hours each is employed daily.** Remember – pre-approval is necessary *only* for the initial required hours of professional development, when the activities are not district-sponsored. Additional hours *do not* require a principal's/supervisor's signature, nor is completion of the lower section of this form required, after the initial required hours of professional development are completed, **unless** you are also using the form as a Reflection Paper for your PDP documentation. When you are using a copy of this form for PDP documentation, you should attach a copy of the activity verification (agenda, Certificate of Attendance, etc.) and keep the documentation in your PDP file.

NAME
LAST: _____ **FIRST:** _____ **Last 4 digits of SS#:** _____ **YOUR BLDG:** _____

WORKSHOP DATE _____	Staff Dev. # HRS _____ <i>(Excluding Meals)</i>	Prof. Dev. Plan # HRS _____ <i>(Contact Hours)</i>	Activity Title _____
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Certified **Classified** **Location of Workshop & Presenter** _____

I have already completed the initial hours of required Staff Development participation

Complete this section before you attend the activity.

What are your expectations for this activity? _____

Complete this section after you attend the activity.

Describe the activity. _____

What did you learn during this activity that supports your PDP and/or the district XIP? How will this new knowledge change the way you teach and the way your students learn, or (classified staff) how will this impact your work? _____

Did you use personal funds to pay registration for this workshop? _____ Amount \$ _____

Employee's Signature _____ **Date** _____

Principal's / Supervisor's Signature _____ **Date** _____

(pre-approval is necessary if activity is non-district sponsored and initial hours have not been completed)

**Please send a COPY of this form to the Staff Development Office and keep the ORIGINAL in your Professional Portfolio.
 Reciprocity will be given to Greene County School districts, SERCC, MVECA, SOITA, and SchoolNet.**