Hanover Park Regional High School District Record of Professional Development Hours Non-Tenure Staff

Name:				
School:				
Year:				
Subject	:			
ANN	UAL REVIEW: (Attacl	h relevant d	locumentation w	vhere applicable)
Date	Activity		No. of Hours	Document
Total Nu	ımber of Hours Comple		or Year (April 1 to rrent Year (July 1	June 30) to Mar 31)
Teacher	's Signature/Date			
Supervi	sor's Signature/Date _			
•	-	(Supervisor's	signature acknowle	dges 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.