

## *Hanover Park Regional High School District Record of Professional Development Hours*

School: \_\_\_\_\_

Subject: \_\_\_\_\_

<p><b>ANNUAL REVIEW: (Attach relevant documentation where applicable)</b></p>
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[illegible]

Total Number of Hours Completed:	Prior Year (May 1 to June 30) _____
	Current Year (July 1 to April 30) _____

Teacher'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.