

Paragould School District
Professional Development Documentation

Name _____ Date _____ Building _____

Title of Professional Development Session			
Date(s) of Session		Total Hours Received	
Session Beginning Time		Session Ending Time	
Session Location			
Presenter			

Arkansas Department of Education Approved Areas of Professional Development
Please mark which area(s) apply to the professional development workshop listed above.

- | | |
|---|--|
| <input type="checkbox"/> Content (K-12) | <input type="checkbox"/> Mentoring/Peer Coaching |
| <input type="checkbox"/> Instructional Strategies | <input type="checkbox"/> Integrated Technology |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Principles of Learning/Developmental Stages |
| <input type="checkbox"/> Advocacy/Leadership | <input type="checkbox"/> Cognitive Research |
| <input type="checkbox"/> Systemic Change Process | <input type="checkbox"/> Parent Involvement |
| <input type="checkbox"/> Collaborative Learning Community | <input type="checkbox"/> Code of Ethics |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Advanced Placement |
| <input type="checkbox"/> Standards, Frameworks, and Curriculum Alignment | |
| <input type="checkbox"/> Student Health and Wellness (ex. anti bullying policies; use of automated external defibrillator). | |

Please indicate if the session was related to one of the following topics. If so, list how many hours in the session were regarding this topic.

- Arkansas History (_____ hours)
- Child Maltreatment (_____ hours)
- Concussions, Dehydration, and Other Health Emergencies (_____ hours)
- Fiscal Management (_____ hours)
- Parental Involvement (_____ hours)
- Teen Suicide (_____ hours)

Signature of Participant	Date
Signature of Principal	Date

Signature of Superintendent or Designee	Date