REGIONAL SCHOOL DISTRICT 17
PROFESSIONAL DEVELOPMENT WORKSHOP ATTENDANCE SHEET

CERTIFIED STAFF

COURSE TITLE: PRESENTER:

DATE: TIME: from to NUMBER OF CEUs: CEU CODE #

TYPE/PRINT NAME	SCHOOL	TIME IN	SIGN IN INITIAL	SIGN OUT SIGNATURE	TIME OUT

All information must be legible and complete. Sign in/sign out must meet the time requirements in order to receive CEUs.