Buffalo Trail PUBLIC SCHOOLS

402.15 AP – Exhibit 1

Support Staff Record of Professional Development

Name:	
School/Location:	
Job Classification	

Date	Name of Session/ Workshop/Seminar	Location	Hours	Description of Learning	Certificate Attached Y or N	Principal Signature (if no Certificate is available)

		TOTAL				

I hereby certify that the above information given are true and correct as to the best of my knowledge.

Employee Signature: _____ Date: _____