

PENDLETON COUNTY SCHOOLS
STAFF DEVELOPMENT VERIFICATION
2019-2020

ATTACH AGENDA

NAME _____ Instructor: _____

Date of Activity: _____ Time of Activity _____

Name of Activity: _____

Summary of Activity: _____

Date Submitted _____ Location of Activity: _____

Signature of Participant: _____

Committee Representative Initials _____ Credit Hours Requested: _____

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