

Annual Professional Development Report

District: _____ School Year: _____

Professional Development Attended

**Recommended five (5) webinars OR three (3) webinars and one (1) face-to-face.*

Date(s) Attended	Title of Presentation	Organization Professional Development Provided By	Method of PD (Webinar, Face to Face)	Supporting Documents (i.e., agenda, website link to agenda, session description)

Professional Development to be Provided by Liaison

**Liaisons must provide one (1) professional development annually to district staff. Agenda, sign-in and powerpoint will need to be collected for monitoring documentation.*

Date Provided	Title of Presentation	Number of Participants	Supporting Documents