HARDEMAN COUNTY SCHOOLS
RECERTIFICATION / PROFESSIONAL DEVELOPMENT PRE-APPROVAL

*(This form is for recertification points only.)

Teacher's Name _____

School _____

Name of Workshop _____

Location of Workshop _____

Date of Workshop _____

Time of Workshop – from_____ to _____

Approval – Yes ☐ No ☐

Date of Approval _____

Principal's Signature _____

A detailed description of this workshop must be attached.

HARDEMAN COUNTY SCHOOLS
RECERTIFICATION-PROFESSIONAL DEVELOPMENT VERIFICATION

Please complete the following information for participant to receive professional development credit.

_____ attended the _____
(Participant's Name) (Name of Workshop)

on _____ Total number of hours _____
(Date)

Total number of points _____

_____
(Signature of Workshop Presenter)