

**Madison-Oneida BOCES  
Professional Development Documentation**

Staff Member (print name): \_\_\_\_\_

Assignment: \_\_\_\_\_ School Year: \_\_\_\_\_

Superintendent’s Conference Day:

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Working Faculty Meetings:

Topic: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Topic: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Topic: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

<b>Total Hours From Above*</b>	
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Activities: DOL and other BOCES Staff Development, SETRC, and others as per the professional development plan - director’s initials only required for activities not previously approved on the Personal Professional Development Plan.

Activities	Date	Hours	Approval
<b>Total Hours</b>			
<b>Total Hours from Above*</b>			
<b>GRAND TOTAL HOURS (of the two)</b>			

Please add up all hours before handing in to your supervisor.

\_\_\_\_\_  
Supervisor’s Signature

\_\_\_\_\_  
Date