



PART A

Name of Participant:

SSN:

School:

Title of Activity:

Date(s) of Activity:

Contact Hours:

I verify that the above named person attended the activity listed for the number of hours listed.

Signature of Instructor or Program Official

Date

Title or Position

Part B

AREA BELOW FOR CLASSIFIED OR NON-CERTIFIED ONLY

Do not use the mastery verification form below if an on-the-job evaluation will be used to complete the Professional Learning procedure.

ACTIVITY OBJECTIVES

MASTERY VERIFICATION PROCEDURES (What competencies or performance indicators verify that the above named person can demonstrate the use of the activity's objectives?)

Signature of Instructor or Attendance
Verification Designee

Date