

**Greenville Public School District  
Out-of-District Professional Development Summary Form**

<b>Employee Name</b>		<b>School / Dept.</b>	
<b>Date(s) of Training</b>		<b>Location of Training</b>	
<b>Title of Training</b>			

<b>Provide a brief summary of the training.</b>	
<b>Explain how this training supports the school (SIP) / district (CLIP) improvement goals and/or your personal goals.</b>	
<b>Describe how you implemented or plan to implement the information / skill(s) obtained from the training.</b>	
<b>What date will you share this information with your co-workers / other staff?</b>	
<b>Would you recommend that others attend this training? Why or Why Not?</b>	
<b>Was this training needed for licensure purposes?</b>  (Please check one.)	<input type="checkbox"/> Licensure Renewal <input type="checkbox"/> Attaining Highly-Qualified Status <input type="checkbox"/> No

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal / Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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