**ACT 48 Professional Development Sign-In Roster**

|  |
| --- |
|  |

**Meetings must have an agenda which reflect professional development activities that meet the requirements of PDE approved activities.**

|  |  |  |  |
| --- | --- | --- | --- |
| Building: |  | Presenter: |  |
| Department: |  | Date: |  |
| Total Act 48 Hours: |  | Time: |  |

|  |  |
| --- | --- |
| \*Activity Description :  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Print Name:** | **Sign Name:** | **PPID:** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |
| 13. |  |  |  |
| 14. |  |  |  |
| 15. |  |  |  |
| 16. |  |  |  |
| 17. |  |  |  |
| 18. |  |  |  |
| 19. |  |  |  |
| 20. |  |  |  |
| 21. |  |  |  |
| 22. |  |  |  |
| 23. |  |  |  |
| 24. |  |  |  |
| 25. |  |  |  |
| 26. |  |  |  |

|  |  |
| --- | --- |
| Presenter(s) - Print Name: | Sign Name: |
|  |  |
|  |  |