**BARREN COUNTY SCHOOLS**

**PROFESSIONAL LEARNING – SCHOOL VERIFICATION FORM**

School Year – 20\_\_\_-\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School P.D. Coordinator:** Please list each staff members in your building and indicate in the last column the total number of hours that he/she completed during the **20 -20**  school year. Remember that each employee must have 24 hours yearly if he/she worked the entire school year. (If an employee has less than the required 24 hours, please indicate reason, i.e., late hire date/number to be completed, docked days, etc.)

**\*Remember:** Please retain a copy of each employee’s required PL form(s) in your school documentation. Submit on the school verification form to the Central Office. Please return to Central Office by **May 15th**.

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYEE NAME** | **Position**(Teacher, Counselor, Librarian, Assistant, etc.) | **Hours Required**(24, 18, 12, 6, etc)List hire date if less than 24 | **Total Hours Completed** |
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School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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