

**Hardin County Schools Consortium  
Local Professional Development Committee  
Group 3 Activity Verification Form**

Name \_\_\_\_\_ District \_\_\_\_\_

Type of Activity \_\_\_\_\_

Educator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Describe the impact this activity will have on your professional development and how it helps to meet your professional development goals.

Date \_\_\_\_\_

<u>Date</u>	<u>Hours</u>	<u>Description of Activities</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total Hours** \_\_\_\_\_

(Complete a form for each type of activity)