



Springboro Community Schools CEU Activity Verification Form

Name: _____

Date: _____

List Type AND Title of Activity:

Workshop _____

Seminar _____

Committee _____

Other _____

Name of Provider: (if applicable – workshop presenter/agency, etc)

Date of Activity _____

Actual number of contact hours*: _____

Location of Activity: _____

Briefly describe how this professional development activity has helped you improve as an educator:

Educator's Signature: _____

Activity provider's signature, if applicable: _____

Please attach documentation of your participation in this professional development activity to this form and retain for you Professional Development Portfolio. Documentation must consist of a receipt, registration form, certificate of attendance, or provider's signature on this form.

*Contact hours are defined as the number of hours actually engaged in professional development activities excluding lunch, break time, etc.

10 Contact Hours = 1 Continuing Education Unit (CEU)