**ASHE COUNTY SCHOOLS**

**Individual Staff Development Log for Renewal/Credit/Continuing Education Units (CEUs)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Renewal Cycle \_\_\_\_\_-\_\_\_\_\_School Year \_\_\_\_\_\_-\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **CONTACT HOURS** | | | | | |
| **Workshop Title** | **Date(s) of**  **Workshop** | **Digital**  **Learning &**  **Teaching** | **Academic** | **Literacy** | **School**  **Administrators** | **All**  **Others** | **Total** | **PDP Goal Met**  **If Applicable** |
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| **Total Contact Hours** |  |  |  |  |  |  |  |  |
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**VERIFICATION:**

I certify that this is an accurate account of my renewal credit activities for the current I certify that these activities are appropriate to meet our School Improvement Goals and

school year. for the participant’s job assignment, licensure areas, and any PDP goals if applicable.

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Participant’s Signature Date Principal’s Signature Date