

**EVALUATION AND EVIDENCE OF COMPLETION FOR WORKSHOP, CONFERENCE, SEMINAR, ETC.  
EVIDENCE OF COMPLETION**

**EVIDENCE OF PARTICIPATION:** This is to certify that the undersigned has attended the training program described below.

**DIRECTIONS:** This form serves as evidence of completion and must be submitted to a certificate-holder's Local Professional Development Committee (LPDC) to verify attendance at a conference, workshop, or other professional development activity. The presenters must provide the information identified below. Certificate-holders must provide the information requested in the box before submitting this form to the LPDC. Both parties must sign the form where indicated.

TITLE OF ACTIVITY

DESCRIPTION/NATURE OF THE EVENT

TRAINING WAS PROVIDED BY (Name of Presenter):

DATE

TIME

LOCATION (Name of facility, City and State)

DURATION (Contact Hours)

NUMBER OF CEUs ISSUED (if appropriate)

\_\_\_\_\_  
*Print or Type Name of Approved Provider*

\_\_\_\_\_  
*Signature of Provider's Representative*

**Information requested in the box below is to be completed by the participant/certificate-holder**

**REFLECTION STATEMENT:** Briefly describe or summarize the activity, discuss the skills or knowledge acquired, and indicate, if applicable, how the skills or knowledge will be applied in the context of your teaching. (If you wish to attach a statement you have already prepared, indicate by marking "See Attached.") If you do not believe the activity provided you with knowledge or skills that can be used in your teaching, please explain.

SEE ATTACHED

\_\_\_\_\_  
*Print or Type Name of Participant*

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date*

**(TO BE RETAINED BY TEACHER FOR SUBMISSION TO THE LPDC)**