Professional Development Sign-In Sheet
Earlywood Educational Services

Check Type of Training: _____ NVCI _____ Autism _____ IN IEP _____ Orientation
_____ Audio Conference _____ Other (Explain) _____
_____

Trainer(s): _____

Date: _____ Length of Training (in hours) _____

Name	Position (Parent, Student, Gen Ed Teacher, Spec Ed Teacher, Etc.)	School	Email

Upon program completion, please return this completed sign-in sheet to Gretchen Wood. Fax: 317/736-8288 or gwood@earlywood.org Professional Development Certificates will be issued to participants. One contact hour is equivalent to one Professional Development Point.

_____ _____

Presenter Signature (verifying participant attendance) *Date*

Name	**Position** (Parent, Student, Gen Ed Teacher, Spec Ed Teacher, Etc.)	**School**	**Email**