

Individual Navigation

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Create Development Activity

Fields with a red mark on the left top corner are required. Fields with a small question mark button on the right side indicate additional help information is available b;

Activity Name:
Staff Inservice

Activity Begin Date:
08/31/2021 (use MM/DD/YYYY format)

Activity End Date:
08/31/2021 (use MM/DD/YYYY format)

Select Plan/Certification:
 My Individual Professional Development Plan - OH3083488 - 5 Year - Professional - License - Middle Childhood (4-9) - 11/09/2019 - 06/30/2025- Plan Effective/Approved:11/11/2019

Verification Method:
Certificate of Attendance

Provider:
West Branch Local Schools

Approving Supervisor:
None

Enter one of the following credit hour fields:

Semester Hours: Quarter Hours: CEU Credit: Contact Hours: 6.75

NOTE: Contact Hours CANNOT include any part of your lunch hour or any breaks that you may have taken.

Description:
Inservice included: 21-22 Building meetings, Diabetes awareness and training, an overview on WB gifted services and breakout sessions that included: MAP training, Infohio, reviewing test data, etc.

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Activity Focus:
District Goal

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Comment:

Cancel Crea



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