

**CENTRAL CITY PUBLIC SCHOOLS
PROFESSIONAL GROWTH ACTIVITY FORM**

I. May be completed by the employee prior to the in-service activity.

NAME _____ DATE _____

DATE(S) OF IN-SERVICE _____ LOCATION _____

DESCRIPTION OF PROFESSIONAL GROWTH ACTIVITY _____

(Attach additional sheets if necessary)

PERSON OR ORGANIZATION CONDUCTING THE ACTIVITY WHERE APPLICABLE

WHEN WAS PGA COMPLETED? Please check one: During a school day _____
Weekend _____ Before school _____ Other _____ Explain Other: _____

TOTAL HOURS DEVOTED TO PGA _____

HOURS DEVOTED BEYOND CONTRACTED OBLIGATIONS _____

TOTAL POINTS TO BE EARNED _____

DID YOU RECEIVE ADDITIONAL PAY TO PARTICIPATE IN THE PGA? Yes No

Signature of Employee

II. To be completed by the evaluation committee.

_____ The professional growth activity was approved. Please notify Superintendent's office if PGA does not get completed.

Signature of Evaluation Committee Chairperson

_____ The professional growth activity is not approved for the following reason: _____

Signature of Evaluation Committee Chairperson

The employee was notified on: _____
(Date)

III. To be completed after Professional Growth activity has been completed.

TOTAL PROFESSIONAL GROWTH POINTS EARNED _____