

Student Name: _____

WID: _____

K-State Email: _____

Anticipated Student Teaching Semester: _____



College of Education

Professional Development Hours

- **Professional Growth/Service to the Profession – 20 Hours Required**
- **Educational Service to Youth/Families – 20 Hours Required**

Date of Event:		# Contact Hours:	
Select only one:	Professional Growth	Service to Profession	Educational Service to Youth/Families
			(Diverse Populations - Y N Hrs)
Event Title / Place:			
Brief description of what you did:			
Skill(s)/Knowledge Gained from experience:			
Signature by event contact: _____			
Contact's Email:		Phone:	

Date of Event:		# Contact Hours:	
Select only one:	Professional Growth	Service to Profession	Educational Service to Youth/Families
			(Diverse Populations Y N Hrs)
Event Title / Place:			
Brief description of what you did:			
Skill(s)/Knowledge Gained from experience:			
Signature by event contact: _____			
Contact's Email:		Phone:	