

CARTERET COUNTY PUBLIC SCHOOLS STAFF DEVELOPMENT ROSTER

Course Title: _____ Facilitator: _____

Date of Staff Development: _____ Location: _____

Begin Time: _____ End Time: _____ Total Hours: _____ = Total CEUs: _____

Staff Development Type: ___ Reading ___ Technology ___ Principal ___ Subject Area

SIGN-IN SHEET

PRINT LEGAL NAME	SIGN / INITIAL NAME	SCHOOL	Last 4 Digits of SSN
1.			
2.			
3.			
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19.			
20.			

This certifies the above faculty/staff members participated in the staff development mentioned above on the above date(s).

Signature of Facilitator: _____ Date: _____

Facilitator is to make two copies of the Staff Development Roster:

- Send the original copy of the roster to the HRMS Data Manager at Central Services.
- Send a copy of the roster to the Staff Development Recorder at the participant's schools.
- Facilitator should keep a copy of the roster for their records.