Emergency/Probationary Teacher

Training Flexible In-Service Form

Academic Year: 20___-20___District Name:

Full Name:
Date of Flexible In-Services:

Description of Flexible In-Service Training
Total Number of Hours:

Signature of the Trainer		Date
Signature of the Director of Special Education		Date
Signature	Title/position	Date

All staff development must be completed by the teachers and documentation submitted by the Director of Special Education to the district's Special Education Cooperative office no later than **May 15**.