

**EMERGENCY/PROBATIONARY TEACHER
TRAINING FLEXIBLE IN-SERVICE FORM
2018-2019**

District Name:

Full Name:	
Social Security Number:	
Date of Flexible In-Services:	

Description of Flexible In-Service Training

Signature of Person Verifying In-Service Training:

Signature: _____

Title/Position: _____

Director of Special Education

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, 2019.