

**KENTUCKY EXCEPTIONAL CHILDREN'S CONFERENCE  
EMERGENCY/PROBATIONARY TEACHER TRAINING  
DOCUMENTATION**

Full Name:	
Academic Year:	
Date of Flexible In-Services:	

**Conference Sessions:**

Session Name	Number Hours	Presenter Signature

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**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.**