



**Additional Professional Development**  
**Plan Year 2014-2015**

List specific titles and dates

_____	_____	_____
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hour(s)</i>
_____	_____	_____
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hour(s)</i>
_____	_____	_____
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hour(s)</i>
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_____	_____	_____
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hour(s)</i>

**Additional Adolescent Growth and Development**

_____	_____	_____
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hour(s)</i>
_____	_____	_____
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hour(s)</i>
_____	_____	_____
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hour(s)</i>
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_____	_____	_____
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hour(s)</i>
_____	_____	_____
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hour(s)</i>

\_\_\_\_\_  
*Employee Name*

\_\_\_\_\_  
*Date*

*This form must be submitted to your supervisor with your Individual Staff Training Record at your annual performance assessment..*