

Weatherly Area School District
Act 48 Participant Activity Reporting Form

Name _____ S.S. # _____ Date _____

District _____

Building _____ Building Address _____

District/Vo-Tech/IU Authorized Approval:

_____ Title _____
District Representative

Name of Activity _____ # of hours _____

Type of Activity _____

Date _____ Start Time _____ End Time _____

Course/Meeting/Seminar given by _____

Location _____

By signing this form, I acknowledge the completion/attendance of the above activity. Please return this form to the Superintendent's Office when activity is completed for Act 48 Professional Development credit.

SIGNATURE _____ DATE _____

Activity Types:

- Building Day
- College UniversityConference
- District Day
- Inservice Day
- Meeting
- New Staff Day
- Professional Development
- Professional Education Credit
- Strands
- Summer Academy