COURSE ROSTER OF PARTICIPANTS
PROFESSIONAL DEVELOPMENT SERVICES
SALT LAKE CITY SCHOOL DISTRICT

INSTRUCTIONS: Upon completion of the course this list should be submitted to **Professional Development Services** with the signature of the authorized monitor verifying the individuals' completion of the course requirements.

Instructor/Facilitator will issue Points Certificate OR Professional Development will record Credit from this list.

Name of Course: _____ **Course Number:** _____

Authorized Monitor: Gloria Shirley **Approved Credit Hours:** _____

Starting Date: _____ **Ending Date:** _____

Participant's Name (Print Clearly)	**School/District**	**EMPLOYEE ID #**	**Dates of Class**					**Assignment Completed** Yes/No	**Credit Earned** Yes/No

Signature of Authorized Monitor: _____ **Date:** _____