|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In-Service Title: | | | | | | | Scheduled Time: | | | |
| Date: | | | | Campus/Department: | | | | | | |
| Workshop#: | | | | Site / Room: | | | | | | |
| Contact Person: | | | | Audience: | | | | | | |
| Administrators’ Signature | | | | Elementary  All Levels  Secondary | | No. of CPE Hours: | | CPE  Stipend | | |
|  | **Employee Number** | **Name (PRINT)** | **Campus Name** | | **Signature** | **IN** | | **OUT** | **IN** | **OUT** |
| **1** |  |  |  | |  |  | |  |  |  |
| **2** |  |  |  | |  |  | |  |  |  |
| **3** |  |  |  | |  |  | |  |  |  |
| **4** |  |  |  | |  |  | |  |  |  |
| **5** |  |  |  | |  |  | |  |  |  |
| **6** |  |  |  | |  |  | |  |  |  |
| **7** |  |  |  | |  |  | |  |  |  |
| **8** |  |  |  | |  |  | |  |  |  |
| **9** |  |  |  | |  |  | |  |  |  |
| **10** |  |  |  | |  |  | |  |  |  |
| * **ORIGINAL SIGN IN SHEETS FOR REQUIRED DISTRICT & CAMPUS STAFF DEVELOPMENT DAYS & TEA TOPICS MUST BE SENT TO THE PROFESSIONAL DEVELOPMENT DEPT.**   Sign-in sheet is recommended for documentation of attendance at all BISD sessions. This record will be retained for 5 years. BISD RECORD:Item 1050-28sig. | | | | | | | | | | |
| Page \_\_\_\_ of \_\_\_\_\_ | | | | | | | | | | |