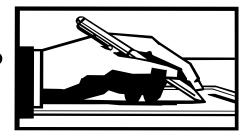
PDC would like a record of workshops attended. Please take a moment to fill this out.

## SHARE YOUR WORKSHOP INFORMATION



Teacher's Nar	ne	
Grade or Subj	ject Taught_	
PDC Goal/ CS	IP Improvem	ent Area:
Name of Worksl	hop/Presenter_	
Location of Wor	kshop	
Date attended_	·	Number of Hours
		like to implement:
	ding hotel, trav	vel, substitute, registration, etc.):
I would or would	l <b>not</b> recommer	nd this workshop.
RETURN TO:		ran, High School y, Middle School

Brenda Kimbrough, Elementary