## SJCSD Professional Learning Log



Submit to the Professional Development Contact or to the SJCSD Professional Development Office for conferences/seminars.

Teacher Name & eNumber:		School/Depa	rtment:	Principal/Supervisor				
Profes	sional Learning Activity Title			Start Date	End Date			
PLO			onsSupervising Intern		onference/Seminar			
Other Please explain								
<ul> <li>For Conferences and Seminars: Submit the following documentation to the Professional Development Office within one month of attendance at the conference/seminar:</li> <li>Completed Professional Learning Log.</li> <li>Record of Attendance: (1) A certificate of completion received at the event which includes on the certificate the number of hours attended or (2) a copy of the program agenda (formal sessions attended should be highlighted or circled) and course registration the event.</li> </ul>								
Conference/Seminar Approval (this section to be completed by SJCSD Professional Development Staff)								
Signature D		Date	Component	Points				
Place an "X" in the first box if the professional learning addressed students with disabilities (SWD).								
SWD	Date	Time (Start-Finish)	Topic/Activity (Include th	e name and learning	goal)			

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Total Time	