APPROVAL OF PROFESSIONAL DEVELOPMENT

For SLPA’S and SLP’S

PROVIDED BY THE SCHOOL DISTRICT

2019-2020 SCHOOL YEAR

DISTRICT: \_ DATE SUBMITTED:

DATE of PROFESSIONAL DEVELOPMENT ACTIVITY:

TOPIC of PROFESSIONAL DEVELOPMENT ACTIVITY:

LOCATION: # OF HOURS:

SPEAKER:

DESCRIPTION OF HOW THIS PROFESSIONAL DEVELOMENT IS SPECIFIC TO THE FIELD OF SPEECH PATHOLOGY:

COMMENTS:

SUBMITTED BY: \_TITLE:

APPROVED: NOT APPROVED:

COMMENT:

**SUBMIT TO: Lee Ann Brammer (lbrammer@k12.wv.us) OFFICE OF SPECIAL EDUCATION**

**FAX: 304-558-1834**