

COMPETENCE DEVELOPMENT TIME COMPLETED

Teacher's Name: _____

Description of course/lecture/visit/seminar etc. (attach information too)

Date of course/lecture/visit/seminar: _____

Time started: _____

Time finished: _____

Total time (hours or part of an hour) _____

Signed _____ (Teacher's signature)

Approved _____ (Principal's signature)

Remember: 24 hours of competence development are to be completed altogether in lieu of 3 study days in October/November. Eight hours may be done alone and the rest must be done with at least one more staff member. The hours are to be completed outside school time.