

Student Name: _____

WID: _____

K-State Email: _____

Anticipated Student Teaching Semester: _____



College of Education

Professional Development Hours

- **Professional Growth / Service to the Profession: 20 Hours Required**
 - 5 hours must be accounted for within Professional Growth
 - 5 hours must be accounted for within Service to the Profession
- **Educational Service to Youth / Families: 20 Hours Required**
 - 2 hours must be accounted for working with **diverse populations**
 - 10 hours must be working directly with youth (elementary if EDEL / middle-high school if EDSEC)

Date of Event:		# Contact Hours:	
Select only one:	Professional Growth	Service to Profession	Educational Service to Youth/Families (Diverse Populations - Y N Hrs)
Event Title / Place:			
Brief description of what you did:			
Skill(s)/Knowledge Gained from experience:			
Signature by event contact: _____			
Contact's Email:		Phone:	

Date of Event:		# Contact Hours:	
Select only one:	Professional Growth	Service to Profession	Educational Service to Youth/Families (Diverse Populations Y N Hrs)
Event Title / Place:			
Brief description of what you did:			
Skill(s)/Knowledge Gained from experience:			
Signature by event contact: _____			
Contact's Email:		Phone:	