

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: