



Workshop Verification Hours

You will need one completed copy of this verification form for every workshop you attend if you are working toward a total of 15 workshop hours to receive one graduate credit.

DATE: _____

NAME: _____

SCHOOL: _____

WORKSHOP TITLE: _____

PRESENTER'S SIGNATURE/NAME: _____

TOTAL WORKSHOP HOURS: _____

SUPERINTENDENT'S SIGNATURE: _____

**Note: Please answer the questions on both sides of this paper.*

WHAT IS YOUR GOAL OF ATTENDING THIS IN-SERVICE? _____

REFLECTION: How will you use the information you gained in your classroom? _____

Please check which category this in-service fits into?

_____ **What are students supposed to know and do? Standards**

_____ **How do we know when students have learned? Evidence**

_____ **What do we do when students HAVEN'T learned? Intervention**

_____ **What do we do when students HAVE ALREADY learned? Differentiation**

_____ **Other: Please Explain: _____**

When you have attended a total of 15 workshop hours and have verification forms completed for those hours, register for the credit, and return all verification forms to:

Dave Bass
VCSU School of Education
101 College Street
Valley City, ND 58072

Please make copies of your verification forms for your own documentation.