

# AACS Continuing Education Attendance Voucher Online Professional Development



## Participant Information

Name \_\_\_\_\_

E-mail \_\_\_\_\_

## Professional Development Activity Information

Event: Improving Student Learning and Iowa Performance Webinars

Instructors: Dr. Jeff Walton & Mrs. Judylynn Walton

Date/Time: \_\_\_\_\_

Title		Presenter
#1 Improving Iowa Performance 2020—Identifying		Jeff Walton
#2 Math Subtest 4–6: Improving Iowa Performance 2020		Jeff Walton
#3 R E A D I N G: Improving Iowa Reading		Judylynn Walton
Sessions (Sessions are grouped; check only the ONE group that applies.)		Contact Hour
#1		1
#2		1
#1 & #3		1
#2 & #3		1
#1 & #2		2
#1 & #2 & #3		2
<b>TOTAL</b> (Sessions are grouped; check only the ONE group that applies.)		

## School Information

School Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Administrator's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*Administrator's signature verifies the attendance of participant at seminar/workshop.

\*All continuing education vouchers or certificates must be mailed with re-certification application\*

## For Office Use Only

Number of contact hours granted for activity: up to 2 contact hours

Signature of Education Office official Jeff Walton