



Ellwood City Area School District
Participant Data Form
Professional Development for Paraprofessionals-20 Hours

Name: _____

7 Digit Personnel ID:

Title of Approved Course / Activity: _____

Date(s) of Course / Activity: Started: _____ Ended: _____

Location of Course / Activity: _____

Hours Awarded: _____

Signature of Instructor / Presenter: _____

Comments:

I certify that all of the statements made by me are true and are made in good faith. I further certify that this Participant Data form was completed by me.

Signature, Paraprofessional

Date

APPROVED: ECASD Psychologist: _____
Signature, Mrs. Leslie Gleghorn

Date