



# Worth County School District

William "Bill" Settle Superintendent

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Sylvester, GA 31791

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## STAFF DEVELOPMENT VERIFICATION OF PARTICIPATION

This is to verify that \_\_\_\_\_  
(Name of Participant)

attended the staff development program, professional workshop, or seminar entitled

\_\_\_\_\_  
\_\_\_\_\_

held \_\_\_\_\_ in/at \_\_\_\_\_  
(Dates) (Location)

for a total of \_\_\_\_\_ contact hours.  
(Number)

Participant	Workshop/Seminar/Conference Representative
Title	Title
Date	Date

\_\_\_\_\_  
System Professional Learning  
\_\_\_\_\_  
Title  
\_\_\_\_\_