

**Act 48  
– Pennsylvania Educators –**

**Professional Development Event Sign-In Sheet**

**Participant's Name:** \_\_\_\_\_

**Professional Personnel ID Number:** \_\_\_\_\_

**Address to send completion letter:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Name of Event:**

- Basic Restorative Practices
  - Day 1: Introduction to Restorative Practices and Using Circles Effectively
  - Day 2: Using Circles Effectively
  - Days 3 & 4: Facilitating Restorative Conferences, parts 1 & 2
- Restorative Leadership Development: Authority with Grace
- Restorative Responses to Adversity and Trauma
- Motivational Interviewing
- Aggression Replacement Training®

**Location of Event (city and state):** \_\_\_\_\_

**Participant must specify the date and initial each day of attendance (up to four days)**

Date 1: \_\_\_\_\_ Initial: \_\_\_\_\_ Date 3: \_\_\_\_\_ Initial: \_\_\_\_\_

Date 2: \_\_\_\_\_ Initial: \_\_\_\_\_ Date 4: \_\_\_\_\_ Initial: \_\_\_\_\_

**Total Continuing Education Hours (6 hours per day):** \_\_\_\_\_

**Instructor's Name:** \_\_\_\_\_

**Instructor's Signature:** \_\_\_\_\_

(Instructor's signature verifies attendance during the entire event)