

## **National Association of Social Workers (NASW) – Pennsylvania Chapter –**

### Professional Development Event Sign-In Sheet

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

**Member of NASW, PA Chapter?**     Yes     No

**Address:** \_\_\_\_\_

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

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

**Name of Event:**

- Basic Restorative Practices
  - Days 1 & 2: Introduction to Restorative Practices and Using Circles Effectively
  - Days 3 & 4: Facilitating Restorative Conferences, parts 1 & 2
- Restorative Leadership Development: Authority with Grace       Motivational Interviewing
- Restorative Responses to Adversity and Trauma       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** (7 hours per day): \_\_\_\_

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

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

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