

**Verification Form** for NAME \_\_\_\_\_

STUDENT WID \_\_\_\_\_ EMAIL \_\_\_\_\_

Anticipated Student Teaching Semester: \_\_\_\_\_

**PROFESSIONAL GROWTH/ SERVICE TO PROFESSION**

**Professional Growth/Service to the Profession – 20 hrs. required**

A minimum of 5 hours in each of the following categories:

- **Professional growth:** Attending professional/educational meetings, workshops, in-services programs and/or conferences
- **Service to the Profession:** Working at professional/educational related events (e.g. Open House, Education Symposium, Telefund and other similar professional education events).
- **Forms can be downloaded at <http://coe.k-state.edu/ss/forms.htm>.**

Date of Event: \_\_\_\_\_ # Contact Hours: \_\_\_\_\_

\_\_\_\_\_ Professional Growth      \_\_\_\_\_ Service to the Profession

Event Title/Place: \_\_\_\_\_

Brief Description of what you did: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature by event contact: \_\_\_\_\_

Contact's email/phone \_\_\_\_\_

Date of Event: \_\_\_\_\_ # Contact Hours: \_\_\_\_\_

\_\_\_\_\_ Professional Growth      \_\_\_\_\_ Service to the Profession

Event Title/Place: \_\_\_\_\_

Brief Description of what you did: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature by event contact: \_\_\_\_\_

Contact's email/phone \_\_\_\_\_