PACIFIC GROVE UNIFIED SCHOOL DISTRICT PACIFIC GROVE ADULT SCHOOL EMPLOYEE PROFESSIONAL GROWTH ATTENDANCE

Student Name					
Course Title					
Date of Session					
Date of Class	of Class IN OUT Student Signatur		ature	Teacher Initial	
			<u> </u>		
TOTAL HOURS					
Teacher Signature Confirming Student Attendance					
Program Specialist Signature					
	-			Date	
Principal Signature				Date	