

Jefferson County Schools  
Record of Self-selected In-service

Name \_\_\_\_\_ School \_\_\_\_\_ School Year \_\_\_\_\_

Date of Activity	Description and Location of Activity	Time of Day	Number of Hrs.	Principal Approval (Initial)

**Total Hours:** 0

Teacher Comments and/or Suggestions:

\_\_\_\_\_

Teacher Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Principal/Verification: Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Central Office Approval: Signature

\_\_\_\_\_

Date