

MCSISP Teacher In-Service Documentation

Parent/Teacher Name: _____ School Year: _____

Please list six one-hour training experiences per year, including books, tapes, videos, websites, newsletters or magazines, or workshops sponsored by churches, support groups, or MCSISP. These experiences must relate directly to teaching, parenting, and/or your education regarding college or vocational options for your student(s).

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____
