

**COMMUNITY R-VI  
CONTINUING EDUCATION UNITS (CEU's)  
Verification Form**

Teacher Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Workshop/Training: \_\_\_\_\_

Number of actual hours of workshop/training: \_\_\_\_\_  
( \*\* Travel and meal time cannot be counted in hours )

Signature of Workshop Leader: \_\_\_\_\_

Title of Workshop Leader: \_\_\_\_\_

**Teachers: Please complete the following:**

Date you shared your workshop information with the staff: \_\_\_\_\_

Signature of principal verifying sharing of information: \_\_\_\_\_

Objectives of the Workshop/Training:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What new information did you learn and how will you use it in the classroom?