



Diocese of Metuchen Professional Development Log

Name of Teacher _____

School _____ Town _____

NAME OF WORKSHOP/COURSE ¹	DATE(S)	CREDIT	PRESENTER(S)
Total Hours			

Signature at the completion of the 100 hours of academic credit:

PRINCIPAL

Date: _____

¹ At the completion of 100 professional hours the principal submits the teacher's Log **only** to the Office of Schools/St. John Neumann Center/146 Metlars Lane/P.O Box 191/Metuchen, NJ 08840 Fax: 732-562-1016.