

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Teacher and Administrator Development Branch**  
**Peer Assistance and Review Program**  
 333 S. Beaudry Ave. 14<sup>th</sup> Floor  
 Los Angeles, CA 90017  
 (213) 241-5501

**PARTICIPANT LOG OF PAR PROFESSIONAL DEVELOPMENT ACTIVITIES**

I am submitting this log and my attendance verification forms for "P" Form submission.

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Last Name	First Name	Middle Name	Employee #
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Street Address City, State Zip Code

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Home Telephone	School/Location	School Telephone
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I verify the information on this log to be true and accurate

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PROFESSIONAL DEVELOPMENT LOG**

On-Track \_\_\_\_ Off-Track \_\_\_\_ \_\_\_\_\_

Name of Activity

Peer Assistance and Review Program

Sponsoring Organization	Activity Date(s)
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Location	No. of Prof. Dev. Hours
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Verification: Print Name and Position	Verification Signature
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On-Track \_\_\_\_ Off-Track \_\_\_\_ \_\_\_\_\_

Name of Activity

Peer Assistance and Review Program

Sponsoring Organization	Activity Date(s)
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Location	No. of Prof. Dev. Hours
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Verification: Print Name and Position	Verification Signature
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On-Track \_\_\_\_ Off-Track \_\_\_\_ \_\_\_\_\_

Name of Activity

Peer Assistance and Review Program

Sponsoring Organization	Activity Date(s)
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Location	No. of Prof. Dev. Hours
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Verification: Print Name and Position	Verification Signature
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## PROFESSIONAL DEVELOPMENT LOG

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On-Track \_\_\_\_ Off-Track \_\_\_\_ \_\_\_\_\_

Name of Activity

Peer Assistance and Review Program

Sponsoring Organization

Activity Date(s)

Location

No. of Prof. Dev. Hours

Verification: Print Name and Position

Verification Signature

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On-Track \_\_\_\_ Off-Track \_\_\_\_ \_\_\_\_\_

Name of Activity

Peer Assistance and Review Program

Sponsoring Organization

Activity Date(s)

Location

No. of Prof. Dev. Hours

Verification: Print Name and Position

Verification Signature