REGION (Circle One): D F GR1 GR2 K MP Y District_____

M^{3}RP District Level Training
Sign-In Sheet

Teacher Leader Presenter(s)_____

_____**# of P.D. Hours**_____

Date_____**Time**_____**Location**_____

Check all that apply: ☐ School time ☐ Non-school time ☐ Subs requested ☐ No subs needed

Content Strand(s)_____**Topic(s)**_____

Name	Signature	Math Grade Level Taught	Building (if more than 1 middle school)

Please include this list with the Teacher Leader and non-Teacher Leader Training Logs when submitting to M^{3}RP.

REMEMBER TO INCLUDE A DETAILED MEETING AGENDA FOR EVERY SESSION.