



Professional Development Title:		Date(s):
Presenter's Name and credentials:		Time(s):
Professional Development Location:		Total Clock Hours:
These content areas were covered: <input type="checkbox"/> Child development – Prenatal to 3 or Prenatal to Kindergarten Entry <input type="checkbox"/> Screening <input type="checkbox"/> Supervision/Parent Educator development <input type="checkbox"/> Teen parenting <input type="checkbox"/> Special needs <input type="checkbox"/> Human Resource development <input type="checkbox"/> Administration <input type="checkbox"/> Other (specify)	This is how I will use the information to benefit the families I serve:	

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