

Grant Wood Area Education Agency Professional Development Study Group Participant Form

This membership agreement is to be signed by the study group facilitator and all members of the group after the dates and times of the study group have been arranged. Each member should circle credit option.

As a **participant** in this study group, I will attend all sessions as scheduled, complete all readings on time, promote a positive and reflective group atmosphere, participate in discussions, contribute to the group's final product or submit an individual paper. I acknowledge that contact time with the group replaces contact time with an instructor and credit cannot be earned with less than 15 contact hours with the group.

Print name:	Signature:
Work Phone:	Email Address:
District/Building:	Renewal credit: Yes No

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District/Building:	Renewal credit: Yes No

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District/Building:	Renewal credit: Yes No

As **facilitator** of this study group I will take responsibility for submitting paperwork for study group approval, recording attendance, coordinating study group meeting logs, scheduling and communicating with group members and the GWAEA Professional Development Coordinator.

Print name:	Signature:
Work Phone:	Email Address:
District/Building:	Renewal credit: Yes No