



HOSPITAL SCHOOLS
3450 EAST TREMONT AVENUE, BRONX, NY 10465
PHONE: (718) 794-7260
FAX: (718) 794-7263



Mary Maher, Principal

Steve Klein, Assistant Principal
Cynthia Biondi, Assistant Principal

PROFESSIONAL DEVELOPMENT

Dear _____
(Staff member)

You are requested to attend the following workshop(s).

Name: _____

Content Area/Grade _____

Date(s): _____

Location: _____

Please call Dorothy DiRusso the day before each workshop to confirm attendance.

Thank you,

Steven Klein, Assistant Principal

Cynthia Biondi, Assistant Principal

TO BE COMPLETED BY THE WORKSHOP PRESENTER

The following staff member _____ attended the above workshop.

Signature of Workshop Presenter

Date

Please fax to the attention of your supervisor 718-794-7263