THE NEW YORK CITY DEPARTMENT OF EDUCATION
JOEL I. KLEIN, *Chancellor*
DISTRICT 75
BONNIE BROWN , *SUPERINTENDENT*

DISTRICT 75 WORKSHOP: ATTENDANCE SIGN-IN SHEET

Title of Workshop:_____ Date:_____.

Workshop Leader:_____Sponsor :_____

Name (Print)	Signature	Title	School

I certify that this staff participated in this workshop._____.
Signature of Workshop Leader

All half-day trainings necessitate teachers returning to their schools for the afternoon.