

# SEDL/SCIMAST Statement of Donated Services

Activity Title		Date	
----------------	--	------	--

## IN-SERVICE TEACHERS Sign-In

Name	Signature	Address/Email	Level <small>(ex. 7th grade Mathematics)</small>	Hours <small>(number of hours attended) (nearest half)</small>	Are 51% or more of your students eligible for free or reduced lunch? (Y/N)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
<b>Total Hours for IN-SERVICE TEACHERS:</b>					