IRVINGTON PUBLIC SCHOOLS

IRVINGTON, NEW JERSEY 07111

**IN-SERVICE PROFESSIONAL DEVELOPMENT**

**CERTIFICATE OF ATTENDANCE**

**2013 -2014**

**PROVIDER NO.: 2330**

**Name of Presenter: \_\_\_\_\_\_\_\_\_\_\_October Hudley\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Workshop Event: PARENT ACADEMY PRESENTATION AND PREPARATION\_\_\_\_**

**Date(s): \_June 7, 2014\_\_\_ Location: University Middle School**

**Number of Credit Hours: \_3\_\_**

**I certify that the above named educator accrued the indicated number of Professional Development hours.**

**Patricia Dowd Ilene Walton**

**Director of Special Services Supervisor of Government Programs**