

**PLEASE SUBMIT A COPY OF THE GRADE REPORT OR  
CERTIFICATE OF COMPLETION FOR EACH ACTIVITY  
REQUESTED.**

**YOU MAY USE THE FORM BELOW IN LIEU OF A GRADE  
REPORT/CERTIFICATE OF COMPLETION TO FULFILL THIS  
REQUIREMENT.**

**Tacoma Education Association  
Professional Growth Verification**

\_\_\_\_\_ has completed the  
class/workshop entitled \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Participant signature                      Date

\_\_\_\_\_  
Instructor signature                      Date