

AUTHORITY: Section 1526 of Public Act 289, 1995
 COMPLETION: Voluntary

Michigan Department of Education
 OFFICE OF PROFESSIONAL PREPARATION SERVICES
 P.O. Box 30008, Lansing, Michigan 48909

Direct questions regarding this form to
 Dr. Bonnie Rockafellow at 517-373-7861.

**ANNUAL RECORD OF PROFESSIONAL DEVELOPMENT
 FOR BEGINNING TEACHERS**

GENERAL INSTRUCTIONS: This form should be completed annually for each beginning teacher and signed and dated by the building principal or individual with school district authority for professional development. Each year a copy of this form should be placed in the school district personnel file and a copy provided to the teacher for their portfolio/personal record. The form must be completed for each of a teacher's first three (3) years, but may continue to be used for additional years, at the school district's discretion, for recording professional development. (Please type or print. Make additional copies of this form as needed.)

This Form is a Worksheet to be completed and retained by the school district. **DO NOT return this form to the Michigan Department of Education.**

NAME OF TEACHER _____ SOCIAL SECURITY NUMBER OF TEACHER _____

NAME OF SCHOOL DISTRICT WHERE EMPLOYED _____

NAME OF SCHOOL WHERE ASSIGNED _____

NUMBER OF YEARS AS A CONTRACTUAL TEACHER (1st, 2nd or 3rd) _____ SCHOOL YEAR HIRED _____

NUMBER OF YEARS WITH THE CURRENT SCHOOL DISTRICT _____

MENTOR ASSIGNED FOR THE CURRENT YEAR _____ CURRENT SCHOOL YEAR 20__ -- 20__

NAME _____ SOCIAL SECURITY NUMBER _____

POSITION/STATUS (teacher, university faculty, retired teacher) _____

EMPLOYER _____

PROFESSIONAL DEVELOPMENT ACTIVITIES/EXPERIENCES

DATE	TITLE/ACTIVITY	PURPOSE/SKILL ADDRESSED	NUMBER OF HOURS ENGAGED

SIGNATURE OF SCHOOL DISTRICT AUTHORITY _____ SIGNATURE OF TEACHER _____

TITLE _____ DATE _____