|  |  |  |
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| AUTHORITY: Section 380.1526 of [Public Act 289, 1995](http://www.legislature.mi.gov/%28S%28g3qyd555bc5dsd45ljri4o45%29%29/mileg.aspx?page=MCLPASearch) | Michigan Department of Education OFFICE OF PROFESSIONAL PREPARATION SERVICESP.O. Box 30008, Lansing, Michigan 48909 | **Direct questions regarding this form to Dr. Bonnie Rockafellow at 517-373-7861.** |
|  |  |  |

**Beginning Teachers**

**ANNUAL RECORD OF PROFESSIONAL DEVELOPMENT**

GENERAL INSTRUCTIONS: This form should be completed annually for each beginning teacher, then 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. (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 | Lake Shore Public Schools – District Code 50120 |

|  |  |
| --- | --- |
| NAME OF SCHOOL WHERE ASSIGNED | Choose an item. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NUMBER OF YEARS AS A CONTRACTUAL TEACHER (1st, 2nd or 3rd)  |  | SCHOOL YEAR HIRED |       | NUMBER OF YEARS WITH THE CURRENT SCHOOL DISTRICT |  |

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF MENTOR ASSIGNED FOR THE CURRENT YEAR |       | CURRENT SCHOOL YEAR | 20 - 20 |

|  |  |
| --- | --- |
| Mentor’s POSITION/STATUS (teacher, university faculty, retired teacher) |       |

|  |  |
| --- | --- |
| Mentor’s EMPLOYER |       |

**PROFESSIONAL DEVELOPMENT ACTIVITIES/EXPERIENCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **Registry of Educational Personnel (REP) Category** | **TITLE/ACTIVITY** | **PURPOSE/SKILL ADDRESSED** | **NUMBER OF HOURS ENGAGED** |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
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| --- | --- | --- | --- |
| SIGNATURE OF IMMEDIATE SUPERVISOR |  | TITLE |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNATURE OF TEACHER |  | DATE |  |