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| AUTHORITY: Section 380.1527 of [Public Act 289, 1995](http://www.legislature.mi.gov/(S(g3qyd555bc5dsd45ljri4o45))/mileg.aspx?page=MCLPASearch) | Michigan Department of Education  OFFICE OF PROFESSIONAL PREPARATION SERVICES  P. O. Box 30008, Lansing MI 48909 | **Direct questions regarding this form to Donna L. Hamilton**  **(517) 241-4546** |
|  | | |
| **Experienced Teachers**  **ANNUAL RECORD OF PROFESSIONAL DEVELOPMENT** | | |

GENERAL INSTRUCTIONS: This form should be completed annually for each 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 each year to assist in 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.***

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| --- | --- | --- | --- |
| Name Of Teacher: |  | Social Security Number Of Teacher: |  |

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| --- | --- |
| Name Of School District Where Employed: |  |

|  |  |
| --- | --- |
| Name Of School Where Assigned: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Years as a Contractual Teacher (3rd ,6th, Etc.): |  | School Year Hired: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Number Of Years With Current School District: |  | Current School Year: | 20      - 20 |

# PROFESSIONAL DEVELOPMENT ACTIVITIES/EXPERIENCES

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| --- | --- | --- | --- | --- |
| **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 |  |