



Annual Record Of Professional Development For Beginning Teachers/Counselors/Librarians/Coordinators

Completed form to Human Resources by May 15th

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.

Teacher: _____ Current School Year: _____ - _____

Position: _____ School Year Hired: _____ - _____

School Assignment: _____ No. of Years With Adrian Schools: _____

No. of Years of teaching experience (zero, one, two, three) _____

MENTOR ASSIGNED FOR THE CURRENT YEAR: Name: _____

Mentor Position: _____ Mentor School Assignment: _____

PROFESSIONAL DEVELOPMENT ACTIVITIES/EXPERIENCES

DATE	TITLE/ACTIVITY	PURPOSE/SKILL ADDRESSED	NUMBER OF HOURS ENGAGED	Category
Total Hours				

Categories:

1. The number of hours of sustained professional development that directly links the professional's learning needs to the needs of the students he/she teaches and the *School Improvement Plan*.
2. *Mentoring*. The number of hours of professional development supporting the induction and mentoring of the novice teacher.
3. *Workshops or conferences*. The number of hours of participation in one-day or short-term professional development provided by LEAs, ISDs, higher education institutions, regional Math/Science Centers, professional organizations, etc.
4. *Coursework*. The number of hours of professional development acquired through continuing education courses taken for credit at an institution of higher education.
5. Professional development specifically for the purpose of attaining *Highly Qualified Status*

Principal/Supervisor Signature

Signature of Teacher

Direct questions regarding this form to Dr. Flora Jenkins, Michigan Department of Education Teacher/Administrator Preparation and Certification Services, Box 30008, Lansing, MI 48909 (517) 335-0406

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