

AUTHORITY: Section 380.1526
of [Public Act 289, 1995](#)

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.**

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 _____

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 _____

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	Please check one box to indicate which Registry of Educational Personnel Category Classroom Mgt <u>OR</u> Instructional Delivery		TITLE/ACTIVITY	PURPOSE/SKILL ADDRESSED	NUMBER OF HOURS ENGAGED
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

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THIS COMPLETED FORM IS TO BE RETAINED BY THE SCHOOL DISTRICT**

DATE	Please check one box to indicate which Registry of Educational Personnel Category	Classroom Mgt <u>OR</u> Instructional Delivery	TITLE/ACTIVITY	PURPOSE/SKILL ADDRESSED	NUMBER OF HOURS ENGAGED
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
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	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

Total number of PD Hours for the Year: ____ Total Number of Classroom Mgt Hours: _____ Total Number of Instructional Delivery Hours: _____

SIGNATURE OF IMMEDIATE SUPERVISOR _____

DATE _____

SIGNATURE OF TEACHER _____

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