

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 (**90 hours required**). (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	Registry of Educational Personnel (REP) Category 1--Classroom Management 2--Instructional Delivery	TITLE/ACTIVITY	PURPOSE/SKILL ADDRESSED	NUMBER OF HOURS ENGAGED

**DO NOT RETURN THIS FORM TO THE MICHIGAN DEPARTMENT OF EDUCATION
 THIS COMPLETED FORM IS TO BE RETAINED BY THE SCHOOL DISTRICT**

DATE	(REP) Category 1--Classroom Management 2--Instructional Delivery	TITLE/ACTIVITY	PURPOSE/SKILL ADDRESSED	NUMBER OF HOURS ENGAGED

SIGNATURE OF IMMEDIATE SUPERVISOR _____ TITLE _____

SIGNATURE OF TEACHER _____ DATE _____

**DO NOT RETURN THIS FORM TO THE MICHIGAN DEPARTMENT OF EDUCATION
THIS COMPLETED FORM IS TO BE RETAINED BY THE SCHOOL DISTRICT**