

AUTHORITY: Section 380.1527  
of [Public Act 289, 1995](#)

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 (**30 hours required each year**). 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.***

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 (3<sup>rd</sup>, 6<sup>th</sup>, Etc.): \_\_\_\_\_ School Year Hired: \_\_\_\_\_

Number Of Years With Current School District: \_\_\_\_\_ Current School Year: \_\_\_\_\_ 20 - 20

#### 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 \_\_\_\_\_