

**DO NOT SUBMIT
to Office of Teaching
Initiatives**

Continuing Professional Development
District Planning Form
(Optional)

Directions: This form is provided for use by individuals holding either a Professional certificate or a Teaching Assistant Level III certificate and their employing public school districts. It's intended use is as a planning tool for completing professional development activities in accordance with certification requirements. Use of this form is NOT mandatory. It is recommended, however, that certificate holders and districts agree, in advance, what activities will be acceptable and the approximate number of hours that will be reported by the district upon completion.

1. Record planned activities in the table below.
2. Keep registration forms, and/or other documentation with this record. Documentation must be retained for seven years.
3. DO NOT submit this form to the Office of Teaching Initiatives. On-line reporting will become available soon through the Office of Teaching Initiatives Web site, which will allow the school district to report electronically the number of clock hours completed by the certificate holder.
4. Upon completion of professional development activities for the year, the certificate holder should verify the number of clock hours actually reported by the district on his/her behalf.

Name of Certificate Holder:				
Certificate Title:			Employing School District:	
Employment Period: July 1, 200 ____ through June 30, 200 ____ Employed by the public school district 90+ days? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, do not use this form.)				
Activity	Provider	Date(s)	Personal/District Goal Addressed	Clock Hour Equivalent (Estimated)

Signature of Certificate Holder

Date

Signature of District Representative

Date