SALINE AREA SCHOOLS
Annual Record of Professional Development
2007/2008

Name:_____

Are you in your first three years of teaching? Yes / No

School Building: _____

Hire Date: _____ /_____ / _____

Number of years as a contractual teacher (if applicable): _____

Number of years with Saline Schools: _____

Mentor (if applicable): _____

****Please copy form as necessary ** - Enter the number of hours in each category**

		1	2	3	4	5	6	7	8	9
Date	**Title/Activity - Purpose**	Sustained, work-embedded, focused on teacher growth (School Improvement)	Mentoring or being mentored	Workshops or Conferences	Coursework (1 credit = 15 clock hours)	Highly Qualified Status	State-level or institution of higher education content specific or committee	Virtual Learning	Other (Admin Continuing Education)	Other
		Hours								
	District SI/PD Days – 8/27, 8/28, 8/29 – All	18								
	Nov. 21 (High School Only), Jan. 24 (K-8 Only)	3								
	Feb. 19 – All	6								
	March 7 – All	3								
Totals										

General Instructions

- This form should be completed annually for each teacher and signed and dated by the building principal. Please estimate hours if necessary through June 30th in order to turn form in on time.
- A copy of this form should be forwarded to the Human Resource Department by May 1, 2008 each year for state reporting purposes and then placed in the employee personnel file.
- A copy should be kept by the teacher for their portfolio/personal record.

Signature _____ Signature _____ Date _____
(Building Principal) (Employee)

BRL:mmr-10/8/07-Forms-ProfDevAnnual

Please copy form as necessary