

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

TE- 2900 - 26 8/2016

CLARENCEVILLE SCHOOL DISTRICT
ANNUAL RECORD OF PROFESSIONAL DEVELOPMENT PROVIDED TO BEGINNING TEACHERS

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 _____ School Year _____

Name of School District Where Employed _____

Name of School Building Where Assigned _____

Number of years as a Teacher (1st, 2nd or 3rd) _____ School Year Hired _____ Number of Years with Current School District _____

Date the Individual Development Plan was Initiated/Updated _____

Name of Mentor Assigned for the Current Year _____

Mentor's POSITION/STATUS (teacher, university faculty, retired teacher) _____

Mentor's EMPLOYER _____

PROFESSIONAL DEVELOPMENT ACTIVITIES/EXPERIENCES

DATE	Registry of Educational Personnel (REP) Category #1 OR #2 (#1 for Classroom Management, #2 for Instructional Delivery)	TITLE/ACTIVITY	PURPOSE/SKILL ADDRESSED	NUMBER OF HOURS PROVIDED

Signature of Teacher: _____ Date: _____

Signature Principal/District Designee: _____ Title: _____