

Activities Log, Continued (Please make additional copies of this sheet as needed)

License Field: _____ Grade Level: _____

Please check One: Primary Area: ____ Additional Area: ____

If for **College Credit** – write **Cr** next to the number of credits earned.
 If for **Continuing Education Units**, write **CEU's** next to the number of CEU's.
 If for **Professional Development Points**, please write **PDP's** next to the number of hours.

Professional Development Activity	Provider/Sponsor What is enclosed as evidence of completion?	Date of Completion	Hours	Points Content (Subject Matter)	Points Prof. Skills or Pedagogy	Points Other (Educ. Electives)
Totals						

Educator's Name

Certificate Number

Initial Review and Approval

Date _____

The signature below indicates that 80% of this educator's Individual Professional Development Plan is consistent with the educational needs of the school and/or district and is designed to enhance the ability of the educator to improve student learning.

Supervisor's Name (print)

Title

Signature

First Two Year Review

Date _____

The signature below indicates that this educator's Individual Professional Development Plan was reviewed.

Please check one.

_____ The Plan remains consistent with the educational needs of the school and/or district.

_____ The Plan was reviewed and amended.

Supervisor's Name (print)

Title

Signature

Second Two Year Review

Date _____

The signature below indicates that this educator's Individual Professional Development Plan was reviewed.

Please check one.

_____ The Plan remains consistent with the educational needs of the school and/or district.

_____ The Plan was reviewed and amended.

Supervisor's Name (print)

Title

Signature

Final Endorsement

Date _____

The signature below indicates the supervisor has reviewed this educator's Record of Professional Development Activities and the reported activities are consistent with the approved professional development plan.

Supervisor's Name (print)

Title

Signature