

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. 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 (3rd, 6th, 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	TITLE/ ACTIVITY	PURPOSE/ SKILL ADDRESSED	NUMBER OF HOURS ENGAGED

SIGNATURE OF IMMEDIATE SUPERVISOR _____ TITLE _____

SIGNATURE OF TEACHER _____ DATE _____

DO NOT RETURN THIS FORM TO THE MICHIGAN DEPARTMENT OF EDUCATION
THIS COMPLETED FORM IS TO BE RETAINED BY THE SCHOOL DISTRICT