

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

**Direct questions regarding this form to Dr. Bonnie Rockafellow at 517-373-7861.**

## Beginning Teachers ANNUAL RECORD OF PROFESSIONAL DEVELOPMENT

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 \_\_\_\_\_ SOCIAL SECURITY NUMBER OF TEACHER \_\_\_\_\_

NAME OF SCHOOL DISTRICT WHERE EMPLOYED \_\_\_\_\_

NAME OF SCHOOL WHERE ASSIGNED \_\_\_\_\_

NUMBER OF YEARS AS A CONTRACTUAL TEACHER (1st, 2nd or 3rd) \_\_\_\_\_ SCHOOL YEAR HIRED \_\_\_\_\_ NUMBER OF YEARS WITH THE CURRENT SCHOOL DISTRICT \_\_\_\_\_

NAME OF MENTOR ASSIGNED FOR THE CURRENT YEAR \_\_\_\_\_ CURRENT SCHOOL YEAR 20 - 20 \_\_\_\_\_

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

Mentor's EMPLOYER \_\_\_\_\_

### 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**