Teacher Professional Development Tracking
2018-2019

Floyd County Public Schools

Teacher _____ School _____

*Please put time in 15 min intervals

	Date of PD	Name of PD	Location	Person(s) Presenting	Time Start	Time End	Total Time
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
						Total Hours	

Teacher Signature: _____ Principal Signature: _____

Date: _____ Date: _____

All Hours Completed: _____ (12 hours required) Hours Not Completed: _____

**Teachers are responsible for making copies of this document for license renewal puposes.*