

# Teacher Professional Development Tracking Form 2020-21



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							
13							
14							
15							
16							
17							
18							
19							
						<b>Total Hours</b>	0

Teacher Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

All Hours Completed: \_\_\_\_\_ (18 hours required) Hours Not Completed: \_\_\_\_\_

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