

Teacher PD & Flex Days Tracking Form 2023-2024



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							
						Total Hours	0

Flex Days Documentation

Date: _____

Date: _____

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.*