### New York State Education Department Office of Teaching Initiatives

## Continuing Professional Development District Planning Form (Optional)

<u>Directions</u>: This form is provided for use by individuals holding either a Professional certificate or a Teaching Assistant Level III certificate and their employing public school districts. It's intended use is as a planning tool for completing professional development activities in accordance with certification requirements. Use of this form is NOT mandatory. It is recommended, however, that certificate holders and districts agree, in advance, what activities will be acceptable and the approximate number of hours that will be reported by the district upon completion.

- 1. Record planned activities in the table below.
- 2. Keep registration forms, and/or other documentation with this record. Documentation must be retained for seven years.
- 3. DO NOT submit this form to the Office of Teaching Initiatives. On-line reporting will become available soon through the Office of Teaching Initiatives Web site, which will allow the school district to report electronically the number of clock hours completed by the certificate holder.
- 4. Upon completion of professional development activities for the year, the certificate holder should verify the number of clock hours actually reported by the district on his/her behalf.

Name of Certificate Holder:							
Certificate Title:		Employ	Employing School District:				
Employment Period: July 1, 200 through June 30, 200 Employed by the public school district 90+ days?							
Activity	Provider	Date(s)	Personal/District Goal Addressed	Clock Hour Equivalent (Estimated)			

Activity	Provider	Date(s)	Personal/District Goal Addressed	Clock Hour Equivalent (Estimated)

#### .....

## Planning Agreement (optional)

We have reviewed the planned activities and are in agreement with the types of activities and estimated clock hours to be reported Upon completion of the activities.

	Date	Date
Signature of certificate holder	Sig	nature of district representative

# DO NOT SUBMIT THIS FORM. PLEASE KEEP FOR YOUR OWN RECORDS.