COPPER COUNTRY INTERMEDIATE SCHOOL DISTRICT
ANNUAL RECORD OF PROFESSIONAL DEVELOPMENT

This form should be completed annually and signed and dated by the building principal or individual with school district authority for professional development. Each year a copy of the form should be placed in the school district personnel file and a copy provided to the staff member for his/her portfolio or personal record.

Name of Employee: _____ Current school year: 20_____ - 20_____ *(July 1-June 30)*

School District: _____

Professional Development Record:

Date	**Title/Activity**	**Purpose/Skill Addressed**	**# of Hours**	**# of SCECH's** (If Applicable)	**# of Credits** (If Applicable)	**Category** (1-9 from back)

*Major(s): _____ *Minor(s): _____

**Enter the name of the earned academic major or minor that applies to each teaching assignment. Leave blank if you do not have an academic major and/or minor that applies to the assignment.*

Employee's Signature: _____ Title: _____ Date: _____

Authorized Official's Signature: _____ Title: _____ Date: _____