

## SAMPLE SCHOOL BUILDING RECORD of PROFESSIONAL DEVELOPMENT PROVIDED TO TEACHERS

GENERAL INSTRUCTIONS: Section 380.1527 of Michigan's Revised School Code requires school districts to provide five days of professional development to teachers each year. This form is a sample of record keeping to be maintained by the building principal, or individual with school district authority for professional development, to show district compliance with Section 1527 of the School Code. Some form of record-keeping should be completed each year to assist in documenting professional development and reporting it in the Days and Clock Hours Report. The school district may use any form or management system for record keeping. This form is a *SAMPLE worksheet that can be completed and retained by the school district.* DO NOT return this form to the Michigan Department of Education.

School Year: \_\_\_\_\_ 2018-2019 \_\_\_\_\_

Name of Building: \_\_\_\_\_ AUTHORITY: Section 380.1526 of [Public Act 289, 1995](#)

Name of School District: \_\_\_\_\_ Hamilton Community Schools \_\_\_\_\_

### PROFESSIONAL DEVELOPMENT ACTIVITIES/EXPERIENCES

DATE OF ACTIVITY	TITLE/ACTIVITY	PURPOSE/SKILL ADDRESSED	NUMBER OF HOURS PROVIDED	NUMBER OF TEACHERS IN ATTENDANCE
8-20-18	PBIS Training	Behavior Training	3	50
8-21-18	PBIS Training	Assessment Training	6	50
9-28/ 11-2 / 12-14 2-8 / 4-19 / 5-17	School Improvement/Evaluation /PBIS/ SBG	Focusing on SI, PBIS, Reading Training, SBG, and MTSS	12	50
1/10/19	Rigor (MT)	Instruction and Assessment Alignment	6	50
5/8/19	School Improvement	School Improvement	3	50

Total Hours: \_\_\_\_\_

Signature of Principal/District Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed by the Teacher:**

School Year: 20\_\_\_\_ - 20\_\_\_\_

Teacher PIC or SSN: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_  
(PRINTED)

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

School/District Where Employed: \_\_\_\_\_

School Building Where Assigned: \_\_\_\_\_

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

**Completed by the Principal/School Designee:** *(Principal/School Designee Initials in boxes below.)*

How many DPPD hours did this teacher complete for the listed school year?

Yes / No  Has the school/district maintained sufficient documentation of each DPPD activity for record audit purposes?

Yes / No  Is each DPPD activity appropriate to the grade level and content endorsement(s) of this teacher's certificate?

Yes / No  Have you initialed each page of the attached DPPD log to verify their activities?

**This form must be signed by the school principal or appropriate administrative school designee who has verified the school/district has maintained the appropriate auditing documentation proving 1) the DPPD occurred and 2) the above named teacher was in attendance. The teacher is responsible for attending training that is aligned to their certificate/endorsement.**

Principal/School Designee Name: \_\_\_\_\_  
(PRINTED)

Title: \_\_\_\_\_

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

