

**ALBEMARLE COUNTY SCHOOLS
PROFESSIONAL DEVELOPMENT FORM**

EMPLOYEE NAME: _____ Employee Number: _____

(Must provide full legal name for identification purposes)

SCHOOL/DEPT.: _____

LICENSE NUMBER: _____

LICENSE EXPIRATION DATE: _____

DIRECTIONS:

1. Please include a full start date, end date, and point value.
2. Remember to obtain prior approval of professional conferences, peer observations, educational travel, and educational projects.
3. Option 6: Must include full name of student teacher mentored.
4. In addition to this form, college credit (Option 1)*, must be verified by an official transcript. Please have an official transcript sent to yourself **Not HR**. Please turn in transcript and PD together.

	TYPE OF ACTIVITY COMPLETED	DESCRIPTION OF ACTIVITY	# OF POINTS
	Option 1: College Credit*	Course No. & Title: _____ College: _____ Date Completed: _____	
	Option 2: Professional Conference	Conf. Name: _____ Dates Attended: _____	
	Option 3: Curriculum Development	Title: _____ Dates: _____	
	Option 4: Publication of Article	Title: _____ Magazine: _____ Date Published: _____	
	Option 5: Publication of Book	Title: _____ Publisher: _____ Date Published: _____	
	Option 6: Mentorship/Supervision	Person: _____ Begin Date: _____ End Date: _____	
	Option 7: Educational Project	Title: _____ Dates: _____	
	Option 8: Professional Development Activity	Title: _____ Dates: _____	

These signatures verify completion of the activity/activities indicated above:

Employee Signature

Date

Principal, Advisor or Instructor Signature

Date