

New York State Education Department
Office of Teaching Initiatives

Continuing Professional Development
Individual Record

Directions: This form is provided for use by individuals holding either a Professional certificate or a Teaching Assistant Level III certificate. This purpose is to assist you in maintaining a record of professional development activities you complete in accordance with certification requirements.

1. Document activities in the table below. Self-reporting is required only for those years in which you are not employed by a public school district 90 days or more.
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 you to report electronically the information recorded on this form.

| Name: | | | | | | |
|---|--|------------------------------|-----------------------------|----------|-----------------------|-------------|
| Certificate Title: | | | | | | |
| Five-Year Professional Development Period: | | | | | | |
| July 1, 200 ____ through June 30, 200 ____ | Employed by a public school district 90+ days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| July 1, 200 ____ through June 30, 200 ____ | Employed by a public school district 90+ days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| July 1, 200 ____ through June 30, 200 ____ | Employed by a public school district 90+ days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| July 1, 200 ____ through June 30, 200 ____ | Employed by a public school district 90+ days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| (If you answered Yes for any year, do not use this form for activities completed that year. The district will report on your behalf.) | | | | | | |
| Title of Program | Program Sponsor | Sponsor Category* | Date(s) | Location | Content/Pedagogy Area | Clock Hours |
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* Sponsor Categories: 1 = Public school district, 2 = Nonpublic school, 3 = BOCES, 4 = Teacher Center, 5 = SETRC, 6 = College/University

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