

Putnam Valley Central School District
Putnam Valley, New York 10579

Professional Development District Planning Form

Name of Certificate holder: _____ Certification Title: _____

Employment Period: July 1, ____ through June 30, ____ Employed by the public school district 90 days or more?

(If no, do not use this form)

Directions: This form is provided for use by individuals holding a Professional certificate. Its 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 documents 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.

Activity	Provider	Date(s)	Personal/District Goals Addressed	Clock Hours

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.

Signature: _____ Date: _____ Approved by: _____ Date: _____
Employee *Building Principal*

Received by: _____ Date: _____ Approved by: _____ Date: _____
District Office *Superintendent/Designee*