

SALEM R-80 SCHOOL DISTRICT

REQUIRED PROFESSIONAL DEVELOPMENT FOR EDUCATORS

Educator Name: _____	Certification: Initial _____	Exempt: 10 yr _____
	Career _____	MS _____
Beginning Year: _____	Lifetime _____	Nat. Cert _____
	Admin _____	

Beginning Teacher Assistance at: _____ From/to: _____

Date of PBTE	Name of Evaluator

Mentor	Subject/Grade	Obsv. dates	Meetings	Year

Initial Certification requires a total of 30 contact hours.
 Career Certification requires 15 contact hours per year.

Professional Development Class/Inservice/Workshop/Course

Date	Name of PD	Characteristics	# Hours	Year	Yr Total	Approval

Core Data Screen 19: Educator _____ has met the yearly requirements to continue his/her current certificate of license to teach. Yes _____ NO _____

Administrator Signature: _____ Date: _____