

# HOLLISTON PUBLIC SCHOOLS

## RECERTIFICATION INFORMATION 2010 – 2014

### PROFESSIONAL DEVELOPMENT ACTIVITIES LOG

NAME	TITLE/POSITION	BUILDING	
HOME ADDRESS	CITY	STATE	ZIP CODE
PRIMARY AREA	CERTIFICATE NUMBER		
DISTRICT	SCHOOL	GRADE LEVEL(S)	SUBJECTS

Professional Development Points Required for Renewal of **Primary Area** 120 or 150

Total number of PDPs required in content \_\_\_\_\_

**My professional growth goals (please number):**

**My professional growth goals are consistent with the following district and/or school goals:**

\*The Supervisor's initials indicate that the professional development activity is consistent with the educational needs of the school and/or district and is designed to enhance the ability of the educator to improve student learning.





Educator's Name

Certificate Number

**Initial Review and Approval**

**Date** \_\_\_\_\_

The signature below indicates that 80% of this educator's Individual Professional Development Plan is consistent with the educational needs of the school and/or district and is designed to enhance the ability of the educator to improve student learning.

\_\_\_\_\_  
Supervisor's Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

**First Two Year Review**

**Date** \_\_\_\_\_

The signature below indicates that this educator's Individual Professional Development Plan was reviewed.

*Please check one.*

\_\_\_\_\_ The Plan remains consistent with the educational needs of the school and/or district.

\_\_\_\_\_ The Plan was reviewed and amended.

\_\_\_\_\_  
Supervisor's Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

**Second Two Year Review**

**Date** \_\_\_\_\_

The signature below indicates that this educator's Individual Professional Development Plan was reviewed.

*Please check one.*

\_\_\_\_\_ The Plan remains consistent with the educational needs of the school and/or district.

\_\_\_\_\_ The Plan was reviewed and amended.

\_\_\_\_\_  
Supervisor's Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

**Final Endorsement**

**Date** \_\_\_\_\_

The signature below indicates the supervisor has reviewed this educator's Record of Professional Development Activities and the reported activities are consistent with the approved professional development plan.

\_\_\_\_\_  
Supervisor's Name (print)

\*The Supervisor's initials indicate that the professional development activity is consistent with the educational needs of the school and/or district and is designed to enhance the ability of the educator to improve student learning.