



Professional Development Log*

Optional

Teacher Name _____ School _____

Grade/Subject _____ Evaluation Year _____

| Professional Development Activity | Date | Location | Evidence of Satisfactory Completion Received |
|-----------------------------------|------|----------|--|
| | | | <input type="checkbox"/> Grade <input type="checkbox"/> Certificate <input type="checkbox"/> Other _____ |
| | | | <input type="checkbox"/> Grade <input type="checkbox"/> Certificate <input type="checkbox"/> Other _____ |
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* This may be submitted by assessing your professional development record in MyPLT.