

**ALBEMARLE COUNTY SCHOOLS  
PROFESSIONAL DEVELOPMENT FORM**

EMPLOYEE NAME: \_\_\_\_\_ Employee Number: \_\_\_\_\_

(Must provide full legal name for identification purposes)

SCHOOL/DEPT.: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

LICENSE EXPIRATION DATE: \_\_\_\_\_

**DIRECTIONS:**

1. Please include a full start date, end date, and point value.
2. Remember to obtain prior approval of professional conferences, peer observations, educational travel, and educational projects.
3. Option 6: Must include full name of student teacher mentored.
4. In addition to this form, college credit (Option 1)\*, must be verified by an official transcript. Please have an official transcript sent to yourself **Not HR**. Please turn in transcript and PD together.

	TYPE OF ACTIVITY COMPLETED	DESCRIPTION OF ACTIVITY	# OF POINTS
	Option 1: College Credit*	Course No. & Title: _____ College: _____ Date Completed: _____	
	Option 2: Professional Conference	Conf. Name: _____ Dates Attended: _____	
	Option 3: Curriculum Development	Title: _____ Dates: _____	
	Option 4: Publication of Article	Title: _____ Magazine: _____ Date Published: _____	
	Option 5: Publication of Book	Title: _____ Publisher: _____ Date Published: _____	
	Option 6: Mentorship/Supervision	Person: _____ Begin Date: _____ End Date: _____	
	Option 7: Educational Project	Title: _____ Dates: _____	
	Option 8: Professional Development Activity	Title: _____ Dates: _____	

*These signatures verify completion of the activity/activities indicated above:*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal, Advisor or Instructor Signature

\_\_\_\_\_  
Date