REQUIRED PROFESSIONAL DEVELOPMENT FOR EDUCATORS

PLATTE COUNTY R-3 SCHOOL DISTRICT					
Educator Name: **Beginning Year:**					
Date of PBTE:		**Name of Evaluator:**			
Mentor	**Subject Area**	**Observation Date(s)**	**Meeting/Discussions**		**Year**
Beginning Teacher Assistance at: **From/to:**					
Professional Development Class/Courses:					
Date	**Name of Class/Course**	**Characteristics**	**Contact Hours**	**Current Year**	**Year Total**

Initial Certification requires total of _____ contact hours.
Career Certification requires _____ contact hours yearly.

Data Screen: Educator _____ met the yearly requirement to continue his/her current certificate of license to teach. The number of PD hours completed for_____ are: _____

Educator's Signature _____ Date Submitted: _____

Admin or PDC Building Rep Signature _____ Date: _____