

## Professional Development Documentation Form for Designated Providers of Gifted Education Services

Educator Name	School District

*Please keep all original documentation for your own files. Please do not submit this form to the Ohio Department of Education unless requested.*

Date	Professional Development Activity Title	Brief Description of Professional Development Activity	Competencies Addressed	Provider Qualifications	Clock Hours	Evidence of Completion (date/supervisor initials)


<b>Total Clock Hours</b>

<b>Supervisor Signature</b>	<b>Date</b>

*The above signature acknowledges this educator successfully completed the required annual clock hours of professional development addressing the gifted education competencies.*