**Rock Hill Local Professional Development Committee**

**Teacher License Renewal**

**Example of the Verification Checklist:**

Write in your goal and check the corresponding Teacher Professional Standards that are located on your IPDP. Please include the title of the specific professional development under the appropriate goal. Remember, the PD you use must match your goal. Include the date and how many contact hours you earned for each specific PD. Please place your PD certificates/college transcripts in the order written on the checklist form when submitting your contact hours for approval from the Local Professional Development Committee (LPDC).

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| --- | --- | --- | --- | --- |
| **Goal:** | **Professional Development:** | **Date**  **Taken:** | **Contact Hours**  **Received** | **LPDC**  **Approval** |
| **Goal 1:**  **I will further my understanding and use of methods to integrate technology into the classroom and curriculum for instruction, assessment, and as a tool for communication.**  **Teacher Professional Standard:**  **1**  **2**  **3**  **4**  **5**  **6** | **OH Improvement Institute - “Technology in the Intervention Classroom”** | **03-14-17** | **3** |  |
| **OH Improvement Institute – “Digital Formative Assessment Techniques for the Classroom”** | **03-14-17** | **3** |  |
| **RHLSD Inservice @ OUSC - “Using Technology to Support Learning in the Classroom”** | **08-15-17** | **2** |  |
|  |  |  |  |
| **Total Contact Hours:** |  | **8** |  |

**Rock Hill Local Professional Development Committee**

**Teacher License Renewal**

**Contact Hour Verification**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IDPD Signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **Goal** | **Hours Earned** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **Total** |  |

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LPDC Member

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Date

**Rock Hill Local School District, LPDC Updated November 2019**

**1 Semester Hour = 30 Contact Hours**

**Rock Hill Local Professional Development Committee**

**Teacher Professional Development Verification Checklist**

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| **Goal:** | **Professional Development:** | **Date**  **Taken:** | **Contact Hours**  **Received** | **LPDC**  **Approval** |
| **Goal 1:**  **Teacher Professional Standard:**  **1**  **2**  **3**  **4**  **5**  **6** |  |  |  |  |
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| **Total Contact Hours:** |  |  |  |

**Rock Hill Local School District, LPDC**

**1 Semester Hour = 30 Contact Hours**

**Rock Hill Local Professional Development Committee**

**Teacher Professional Development Verification Checklist**

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| **Goal:** | **Professional Development:** | **Date**  **Taken:** | **Contact Hours**  **Received** | **LPDC**  **Approval** |
| **Goal 2:**  **Teacher Professional Standard:**  **1**  **2**  **3**  **4**  **5**  **6** |  |  |  |  |
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| **Total Contact Hours:** |  |  |  |

**Rock Hill Local School District, LPDC**

**1 Semester Hour = 30 Contact Hours**

**Rock Hill Local Professional Development Committee**

**Teacher Professional Development Verification Checklist**

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| **Goal:** | **Professional Development:** | **Date**  **Taken:** | **Contact Hours**  **Received** | **LPDC**  **Approval** |
| **Goal 3:**  **Teacher Professional Standard:**  **1**  **2**  **3**  **4**  **5**  **6** |  |  |  |  |
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| **Total Contact Hours:** |  |  |  |

**Rock Hill Local School District, LPDC**

**1 Semester Hour = 30 Contact Hours**

**Rock Hill Local Professional Development Committee**

**Teacher Professional Development Verification Checklist**

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| **Goal:** | **Professional Development:** | **Date**  **Taken:** | **Contact Hours**  **Received** | **LPDC**  **Approval** |
| **Goal 4:**  **Teacher Professional Standard:**  **1**  **2**  **3**  **4**  **5**  **6** |  |  |  |  |
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| **Total Contact Hours:** |  |  |  |

**Rock Hill Local School District, LPDC**

**1 Semester Hour = 30 Contact Hours**

**Rock Hill Local Professional Development Committee**

**Teacher Professional Development Verification Checklist**

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| **Goal:** | **Professional Development:** | **Date**  **Taken:** | **Contact Hours**  **Received** | **LPDC**  **Approval** |
| **Goal 5:**  **Teacher Professional Standard:**  **1**  **2**  **3**  **4**  **5**  **6** |  |  |  |  |
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| **Total Contact Hours:** |  |  |  |

**Rock Hill Local School District, LPDC**

**1 Semester Hour = 30 Contact Hours**