CCS Professional Development Tracker

Teacher Name _____   **School** _____

Grade/Subject _____

Course Name	# of Hours	Date Attended
Total Required Hours *	6	

Teacher Signature _____   **Date** _____

Principal Signature _____   **Date** _____

The hours for new certified staff are above and beyond what is required for returning staff members
This form is a tool for tracking your self-selection courses for the 19-20 school year, but is not required
However, credits will be tracked through My Benefits Channel
Course registration must be completed through MyBenefitsChannel.com