

OXFORD PUBLIC SCHOOLS

EDUCATOR-DESIGNED
PROFESSIONAL DEVELOPMENT

Employee Name: _____

Title of Professional Product/Activity:

Content Area: _____

Description of Product/Activity:

Date: _____

Hours: _____

Date: _____

Hours: _____

Date: _____

Hours: _____

Date: _____

Hours: _____



To Be Completed by Principal/School District Designee:

By my signature, I verify that a total of _____ PDP hours were completed by the above-listed educator that are appropriate to the content endorsement of the educator's certification and were completed with the approval of the Oxford Public School District.

Principal/School Designee Name: _____
(printed)

Title: _____

Signature: _____ Date: _____