

## 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 <small>(date/supervisor initials)</small>


<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.*