

Form C
LOCKPORT CITY SCHOOL DISTRICT
Tracking Log for Documentation of Approved Continuing Teacher and Leader Education (CTLE) Requirements

Name (print): _____

CTLE Timeline Begins: _____ Requirements Must be Completed by: _____
 (date) (date)

This form should be completed annually and forwarded to the Personnel Office on by the last day in academic school year. Staff should keep a copy for their records. List both automatically approved activities and activities requiring pre-approval.

Date of Activity	Area Number + Letter from Form A	Title of Program	Sponsor's Name	Sponsor's Identifying Information	Number of Hours That Fulfill Language Acquisition Requirement	Total Hours Completed	Verification** (Principal or Director's signature or signature of workshop/class provider)

*Only full or half hours will be credited

**Hours which have not been pre-approved by the Executive Director of Educational Services must be signed off by the building Principal. A copy of the pre-approval forms must be submitted with this document.

***For online, video, graduate, workshops, or conferences you must submit proof of attendance.

I hereby affirm that the above information is true and complete:

Staff Signature

Date

Revised 2018