

# 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 June 1. 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 Director of Curriculum, Instructions and Professional Development 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

Personnel Only Total Hours Credited _____ Date Hours Were Recorded on TEACH _____ By _____
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