Form IIF

6/08

SAU #53

Option 2: Activity Log

Name: _____ Year Plan Approved: _____

School: _____ Year Plan Expires: _____

Certification area(s): A._____ B. _____

C. _____ D. _____

		Certification Areas Knowledge of subject/specialization 30 CEU's per area				**Learners & Learning Strategies & Practices**		**Other Areas**
Date of Activity	**Name of Activity**	**A**	**B**	**C**	**D**	**Check column**		45 required
	Totals:							

_____ _____ _____

Staff signature Administrator/Designee Superintendent

Date: _____ Date: _____ Date: _____