

Professional Development Facilitator Agreement

Name

School Name and Number

School Address

School Phone Number

Home Address

Home Phone Number

City, State, and Zip Code

Personnel Number

Current Teaching Assignment (Grade and/or Subject)

I understand the role and responsibilities of the Professional Development Facilitator (PDF). I confirm that I have three (3) successful years of teaching experience. I agree to serve as the PDF at the above-named school. I will be available to attend the required trainings and meetings.

Required Training

Clinical Educator Training (CET)

I have successfully completed the Clinical Educator Training (2 days).
Date of completion: _____

I have not completed the Clinical Educator Training and am requesting information about future sessions. Please notify me of the next available training dates.

Signature of Teacher

Date

We approve _____ as the Professional Development
Name of Teacher

Facilitator (PDF) for _____
Name of School

Principal

Date