

University of Colorado at Boulder
Graduate Teacher Program
 Graduate School

Professional Development Certificate: Personal Attendance Tracking Form

Name _____ Student ID _____
 First Middle Last

Department _____ Campus Box _____

Mailing Address _____ Telephone Number _____

(Requirements: circle those fulfilled (PFF or BGI track.) A-F & I need Mentor / GTP / or Career Services signatures):

	PDC/PFF	PDC/BGI	
A.	Mentorship Plan	Internship Plan	Completed on _____ with _____
B.	Curriculum Vitae	Résumé	Completed on _____ with _____
C.	PFF Mentorship	Professional Internship	At _____ Completed on _____ with _____
D.	Teaching/Research Colloquia	Professional Presentation	At _____ Completed on _____ with _____
E.	Faculty Mentorship Evaluation	Mentor Internship Evaluation	At _____ Completed on _____ with _____
F.	Socratic Portfolio	Professional Portfolio	Completed on _____ with _____
G.	10 Professional Development Workshops (GTP or Career Services)	10 Professional Development Workshops (GTP or Career Services)	Complete on other side of this form (will be checked against GTP sign-in data)
H.	10 GTP Teaching Workshops	10 GTP Teaching Workshops	Complete on other side of this form (will be checked against GTP sign-in data)
I.	On-line Program Evaluation	On-line Program Evaluation	Completed on _____ (will be verified by GTP) _____

GTP records are the standard against which your list will be verified, so please be sure to sign in at all GTP workshops to receive attendance credit.

G. Professional Development Workshops (GTP or Career Services)

<i>Title</i>	<i>Date</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

H. GTP Teaching Workshops

<i>Title</i>	<i>Date</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Please return the completed form to the Graduate Teacher Program and file a copy with your Graduate Program Assistant. This form is subject to final approval by the GTP director and the Career Services, GSCP coordinator.

Signature: _____ Director, GTP Date: _____

Signature: _____ Coordinator, GSCP Date: _____