

LINKS PD 2019-20

| Date | Time | PD | Hours |
|---------------------|----------|---|-------|
| September 3 | Full day | Staff meetings and work in rooms Special Education meetings | 6 |
| September 4 | Full day | SEL Training (Jed Michel) simplestressrelief.com Mandatory Training | 6 |
| September 18 | 1 hour | Faculty Meeting | 1 |
| September 27 | ½ day | Staff Professional Development | 3 |
| October 11 | Full day | Technology Training Health and Wellness | 6 |
| October 16 | 1 hour | Faculty Meeting | 1 |
| November 6 | 1 hour | Telehealth Training | 1 |
| December 11 | 1 hour | Faculty Meeting | 1 |
| January 15 | 1 hour | Faculty Meeting | 1 |
| February 12 | 1 hour | Faculty Meeting | 1 |
| March 6 | Full Day | Technology Health and Wellness | 6 |
| March 11 | 1 hour | Faculty Meeting | 1 |
| April 22 | 1 hour | Faculty Meeting | 1 |
| May 13 | 1 hour | Faculty Meeting | 1 |
| Total | | | 36 |
| | | | |
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The University of the State of New York
THE STATE EDUCATION DEPARTMENT
 Office of Teaching Initiatives
 89 Washington Avenue
 Albany, New York 12234
www.highered.nysed.gov/tcert

Completion of Approved Continuing Teacher and Leader Education (CTLE) Hour(s) Certificate

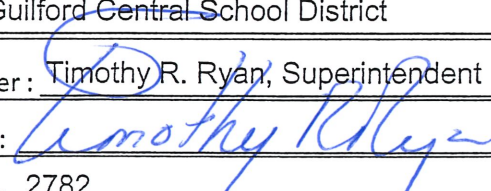
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| Section I: | | | | |
| First Name: | | Last Name: | | Middle Initial: |
| Date of Birth: _____ / _____ / _____ | | Last 4 Digits of the Social Security Number: _____ | | |
| Section II | | | | |
| Name of Venue: <u>Bainbridge-Guilford Central School District</u> | | | | |
| Street Address: <u>18 Juliand Street</u> | | City: <u>Bainbridge</u> | State: <u>NY</u> | Zip Code: <u>13733</u> |
| CTLE Activity Title: <u>Staff Development Days</u> <small>(Indicate title/subject/grade level, etc.)</small> | | | | |
| Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning | | | | |
| CTLE Date(s): from: <u>9</u> / <u>3</u> / <u>19</u> | | to: <u>9</u> / <u>4</u> / <u>19</u> | | Number of hours awarded <u>12</u> |
| | | <small>(mm) (dd) (yyyy)</small> | | <small>(mm) (dd) (yyyy)</small> |
| Section III | | | | |
| I certify that the individual listed in Section I completed the CTLE cited above pursuant to Subpart 80-6 of the Regulations of the Commissioner of Education. | | | | |
| Approved Sponsor Name: <u>Bainbridge-Guilford Central School District</u> | | | | |
| Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u> | | | | |
| Signature of Authorized Certifying Officer:  | | | | |
| Approved Provider Identification Number: <u>2782</u> | | | Date: <u>9-4-2019</u> | |
| Email: <u>tryan@bgcsd.org</u> | | Phone #: <u>607-967-6321</u> | | |

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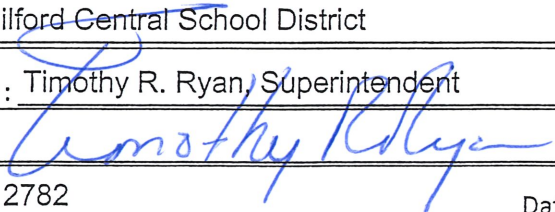
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| First Name: | Last Name: | Middle Initial: | |
| Date of Birth: _____/_____/_____ | Last 4 Digits of the Social Security Number: _____ | | |
| Section II | | | |
| Name of Venue: Bainbridge-Guilford Central School District | | | |
| Street Address: 18 Juliand Street | City: Bainbridge | State: NY | Zip Code: 13733 |
| CTLE Activity Title: <u>Faculty Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small> | | | |
| Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content _____ English Language Learning | | | |
| CTLE Date(s): from: <u>9/18/19</u> <small>(mm) (dd) (yyyy)</small> | | to: _____/_____/_____ <small>(mm) (dd) (yyyy)</small> | |
| | | Number of hours awarded <u>1</u> | |
| Section III | | | |
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| Approved Sponsor Name: Bainbridge-Guilford Central School District | | | |
| Print Name of Authorized Certifying Officer: Timothy R. Ryan, Superintendent | | | |
| Signature of Authorized Certifying Officer:  | | | |
| Approved Provider Identification Number: 2782 | | Date: 9-18-2019 | |
| Email: tryan@bgcsd.org | | Phone #: 607-967-6321 | |

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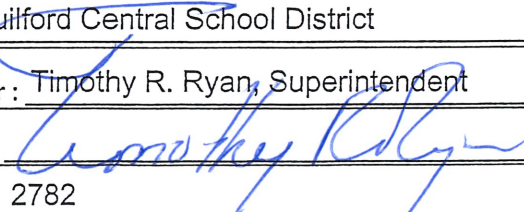
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| Name of Venue: <u>Bainbridge-Guilford Central School District</u> | | | | |
| Street Address: <u>18 Juliand Street</u> | | City: <u>Bainbridge</u> | State: <u>NY</u> | Zip Code: <u>13733</u> |
| CTLE Activity Title: <u>Teacher Professional Development</u> <small>(Indicate title/subject/grade level, etc.)</small> | | | | |
| Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning | | | | |
| CTLE Date(s): from: <u>9 / 27 / 19</u> | | to: _____ / _____ / _____ | | Number of hours awarded: <u>3</u> |
| | | <small>(mm) (dd) (yyyy)</small> | | <small>(mm) (dd) (yyyy)</small> |
| Section III | | | | |
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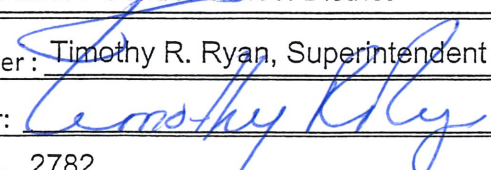
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| Date of Birth: _____/_____/_____ | Last 4 Digits of the Social Security Number: _____ | | |
| Section II: | | | |
| Name of Venue: <u>Bainbridge-Guilford Central School District</u> | | | |
| Street Address: <u>18 Juliand Street</u> | City: <u>Bainbridge</u> | State: <u>NY</u> | Zip Code: <u>13733</u> |
| CTLE Activity Title: <u>Technology Training/Health & Wellness</u> <small>(Indicate title/subject/grade level, etc.)</small> | | | |
| Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning | | | |
| CTLE Date(s): from: <u>10</u> / <u>11</u> / <u>19</u> <small>(mm) (dd) (yyyy)</small> | | to: _____/_____/_____ <small>(mm) (dd) (yyyy)</small> | |
| | | Number of hours awarded <u>6</u> | |
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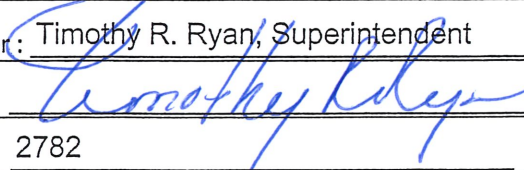
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| CTLE Activity Title: <u>Faculty Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small> | | | |
| Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content _____ English Language Learning | | | |
| CTLE Date(s): from: <u>10 / 16 / 19</u> to _____/_____/_____ | | Number of hours awarded <u>1</u> | |
| <small>(mm) (dd) (yyyy)</small> | | <small>(mm) (dd) (yyyy)</small> | |
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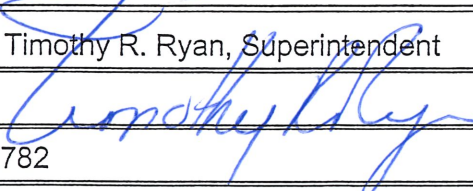
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| CTLE Activity Title: <u>Faculty Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small> | | | | |
| Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content _____ English Language Learning | | | | |
| CTLE Date(s): from: <u>11/6/19</u> | | to: _____/_____/_____ | | Number of hours awarded <u>1</u> |
| | | <small>(mm) (dd) (yyyy)</small> | | <small>(mm) (dd) (yyyy)</small> |
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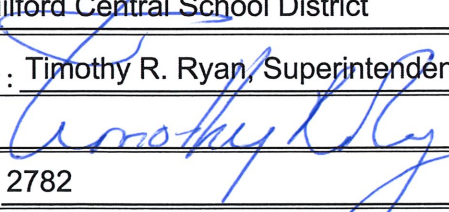
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| Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning | | | |
| CTLE Date(s): from: <u>12/11/2019</u> | | to: _____/_____/_____ | |
| <small>(mm) (dd) (yyyy)</small> | | <small>(mm) (dd) (yyyy)</small> | |
| Number of hours awarded | | | <u>1</u> |
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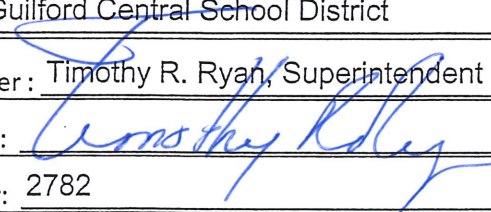
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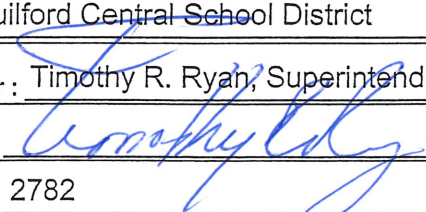
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| Signature of Authorized Certifying Officer:  | | | | |
| Approved Provider Identification Number: <u>2782</u> | | Date: <u>2-12-20</u> | | |
| Email: <u>tryan@bgcsd.org</u> | | Phone #: <u>607-967-6321</u> | | |

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
 Office of Teaching Initiatives
 89 Washington Avenue
 Albany, New York 12234
www.highered.nysed.gov/tcert

Completion of Approved Continuing Teacher and Leader Education (CTLE) Hour(s) Certificate

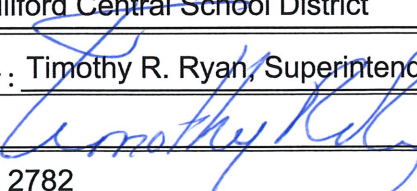
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

Instructions for the Trainee:

Please complete Section I and retain your copies for eight years. It is not necessary to send a copy of this form to the Office of Teaching Initiatives unless it is requested in the event of an audit or for use in obtaining an Initial Reissuance. **A separate form must be completed for each training.**

Instructions for the Approved CTLE Sponsor:

Please complete Sections II and III. These sections must be completed by the Approved CTLE Sponsor authorized individual. Sponsors must verify that the trainee completed the activity, the title, date(s) and number of hours awarded. Records must be retained for a period of eight years. You may use an alternative form or format, however that alternative must capture the same information that is requested on this form.

| | | | |
|--|--|----------------------------------|---|
| Section I: | | | |
| First Name: | Last Name: | Middle Initial: | |
| Date of Birth: _____/_____/_____ | Last 4 Digits of the Social Security Number: _____ | | |
| Section II | | | |
| Name of Venue: <u>Bainbridge-Guilford Central School District</u> | | | |
| Street Address: <u>18 Juliand Street</u> | City: <u>Bainbridge</u> | State: <u>NY</u> | Zip Code: <u>13733</u> |
| CTLE Activity Title: <u>Technology Training / Health & Wellness</u> <small>(Indicate title/subject/grade level, etc.)</small> | | | |
| Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input type="checkbox"/> Content <input type="checkbox"/> English Language Learning | | | |
| CTLE Date(s): from: <u>3 / 6 / 20</u> to _____/_____/_____ | | Number of hours awarded <u>6</u> | |
| <small>(mm)</small> | <small>(dd)</small> | <small>(yyyy)</small> | <small>(mm)</small> <small>(dd)</small> <small>(yyyy)</small> |
| Section III | | | |
| I certify that the individual listed in Section I completed the CTLE cited above pursuant to Subpart 80-6 of the Regulations of the Commissioner of Education. | | | |
| Approved Sponsor Name: <u>Bainbridge-Guilford Central School District</u> | | | |
| Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u> | | | |
| Signature of Authorized Certifying Officer:  | | | |
| Approved Provider Identification Number: <u>2782</u> | | Date: <u>3-6-20</u> | |
| Email: <u>tryan@bgcsd.org</u> | | Phone #: <u>607-967-6321</u> | |

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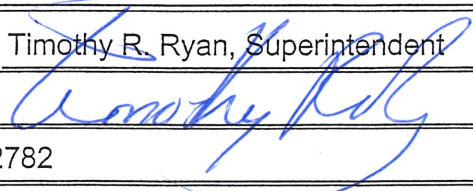
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| Section I: | | | | |
| First Name: | | Last Name: | | Middle Initial: |
| Date of Birth: _____/_____/_____ | | Last 4 Digits of the Social Security Number: _____ | | |
| Section II: | | | | |
| Name of Venue: <u>Bainbridge-Guilford Central School District</u> | | | | |
| Street Address: <u>18 Juliard Street</u> | | City: <u>Bainbridge</u> | | State: <u>NY</u> Zip Code: <u>13733</u> |
| CTLE Activity Title: <u>Faculty Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small> | | | | |
| Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning | | | | |
| CTLE Date(s): from: <u>3/11/20</u> to _____/_____/_____ Number of hours awarded <u>1</u> <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small> | | | | |
| Section III: | | | | |
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| Approved Sponsor Name: <u>Bainbridge-Guilford Central School District</u> | | | | |
| Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u> | | | | |
| Signature of Authorized Certifying Officer:  | | | | |
| Approved Provider Identification Number: <u>2782</u> | | | | Date: <u>3-11-20</u> |
| Email: <u>tryan@bgcsd.org</u> | | | Phone #: <u>607-967-6321</u> | |

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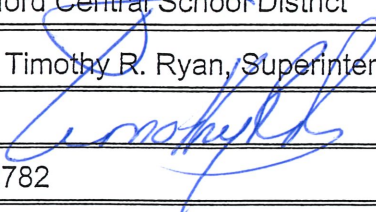
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| First Name: | | Last Name: | | Middle Initial: |
| Date of Birth: _____ / _____ / _____ | | Last 4 Digits of the Social Security Number: _____ | | |
| Section II | | | | |
| Name of Venue: <u>Bainbridge-Guilford Central School District</u> | | | | |
| Street Address: <u>18 Juliand Street</u> | | City: <u>Bainbridge</u> | State: <u>NY</u> | Zip Code: <u>13733</u> |
| CTLE Activity Title: <u>Faculty Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small> | | | | |
| Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning | | | | |
| CTLE Date(s): from: <u>4</u> / <u>22</u> / <u>20</u> | | to: _____ / _____ / _____ | | Number of hours awarded <u>1</u> |
| | | <small>(mm) (dd) (yyyy)</small> | | <small>(mm) (dd) (yyyy)</small> |
| Section III | | | | |
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| Approved Sponsor Name: <u>Bainbridge-Guilford Central School District</u> | | | | |
| Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u> | | | | |
| Signature of Authorized Certifying Officer:  | | | | |
| Approved Provider Identification Number: <u>2782</u> | | Date: <u>4-22-20</u> | | |
| Email: <u>tryan@bgcsd.org</u> | | Phone #: <u>607-967-6321</u> | | |

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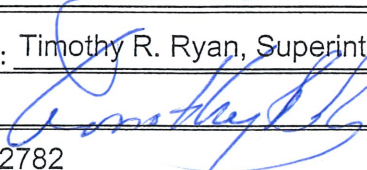
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| Date of Birth: _____ / _____ / _____ | Last 4 Digits of the Social Security Number: _____ | | |
| Section II | | | |
| Name of Venue: <u>Bainbridge-Guilford Central School District</u> | | | |
| Street Address: <u>18 Juliand Street</u> | City: <u>Bainbridge</u> | State: <u>NY</u> | Zip Code: <u>13733</u> |
| CTLE Activity Title: <u>Faculty Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small> | | | |
| Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning | | | |
| CTLE Date(s): from: <u>5 / 13 / 20</u> to: _____ / _____ / _____ | | Number of hours awarded <u>1</u> | |
| <small>(mm) (dd) (yyyy)</small> | | <small>(mm) (dd) (yyyy)</small> | |
| Section III | | | |
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| Approved Provider Identification Number: <u>2782</u> | | Date: <u>5-13-20</u> | |
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