

## LINKS PD 2020-21

Date	Time	PD	Hours
September 2	Full day	Mental First Aid (1 hour) Google Training (1 1/2 hours) New Staff Orientation (2 ½ hours) Faculty Meetings	5
September 3	Full day	SEL Training Zoom Training Transition Meetings	5
September 8	Full day	Technology Training Social Emotional Wellness Covid-19 Training Department Meetings	5
September 9	Full day	Right To Know Training SEL Engagement Technology Training	5
September 16	Half day	BOCES Math Training with Nan	2 ½
September 30	Half day	BOCES ELA Training with Christine	2 ½
October 28	1-2 hour	Team/ ELA Department Meetings with Christine	1
November 18	1-3 hour	Team/ Math Department Meetings with Nan Team/ Science and Social Studies Department Meetings with Christine	1-3
December 2	2 hour	HS Math Department meeting and individual math teacher meetings with Nan	2
December 9	Full day	½ Day with Christine ½ day with Nan for Aides and LTAs	5

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

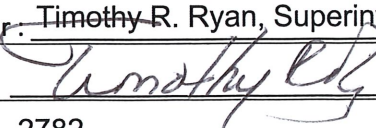
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First Name:	Last Name:	Middle Initial:	
Date of Birth: _____ / _____ / _____	Last 4 Digits of the Social Security Number: _____		
<b>Section II</b>			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliand Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>Mental First Aid / Google training / Faculty Mtgs</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 / 2 / 2020</u> to <u>9 / 2 / 2020</u>		Number of hours awarded <u>5</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
<b>Section III</b>			
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: _____	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

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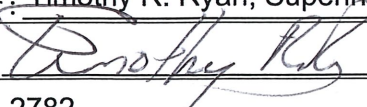
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CTLE Activity Title: <u>SEL PD / zoom PD / transitions mtgs</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>9 / 3 / 2020</u> to: <u>9 / 3 / 2020</u>		Number of hours awarded <u>5</u>	
<small>(mm)</small>	<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small> <small>(dd)</small> <small>(yyyy)</small>
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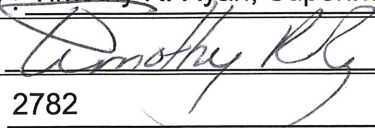
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CTLE Activity Title: <u>Technology PD / COVID-19 training / SIE Wellness / Dept. mtgs</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>9 / 8 / 2020</u> to: <u>9 / 8 / 2020</u>		Number of hours awarded <u>5</u>	
<small>(mm)</small>	<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small>
<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small>	<small>(dd)</small>
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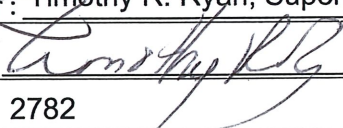
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CTLE Activity Title: <u>Right to Know training / SEL engagement / Tech training</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: _____ Pedagogy _____ Content _____ English Language Learning			
CTLE Date(s): from: <u>9 / 9 / 2020</u> to <u>9 / 9 / 2020</u> Number of hours awarded <u>5</u> <small>(mm) (dd) (yyyy)      (mm) (dd) (yyyy)</small>			
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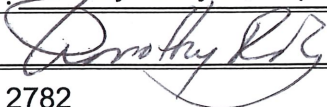
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Street Address: <u>18 Juliand Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>BOCES Math PD w/ Nan</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: _____ Pedagogy _____ Content _____ English Language Learning			
CTLE Date(s): from: <u>9 / 16 / 2020</u> to: <u>9 / 6 / 2020</u> <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>		Number of hours awarded <u>2.5</u>	
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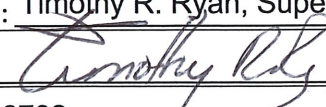
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Street Address: <u>18 Juliand Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>BOCES ELA PD w/ Christine</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>9 / 30 / 2020</u> to <u>9 / 30 / 2020</u> <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>		Number of hours awarded <u>2.5</u>	
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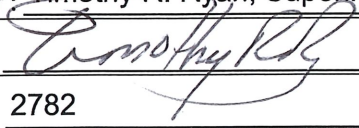
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Street Address: <u>18 Juliand Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>BOCES PD ELA dept mtgs w/ Christine</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More 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 / 28 / 2020</u>		to: <u>10 / 28 / 2020</u>	
<small>(mm)</small>	<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small>
<small>(dd)</small>	<small>(yyyy)</small>	Number of hours awarded <u>1</u>	
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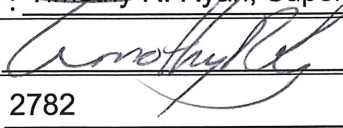
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CTLE Activity Title: <u>BOCES PD - Math w/ Nan / S.S &amp; Science w/ Christine</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>11 / 18 / 2020</u> to <u>11 / 18 / 2020</u> <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>		Number of hours awarded <u>3</u>	
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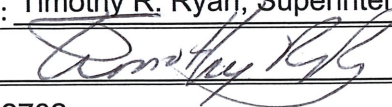
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CTLE Activity Title: <u>BOCES - PD Math w/ Nan / Dept. Meetings</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input checked="" type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>12 / 2 / 2020</u> to <u>12 / 2 / 2020</u>		Number of hours awarded <u>2</u>	
<small>(mm)</small>	<small>(dd)</small>	<small>(yyyy)</small>	<small>(mm)</small>
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**Completion of Approved Continuing Teacher and Leader Education (CTLE) Hour(s) Certificate**

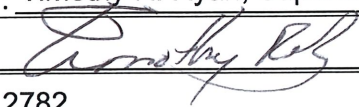
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

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.

<b>Section I:</b>			
First Name:	Last Name:	Middle Initial:	
Date of Birth: _____ / _____ / _____	Last 4 Digits of the Social Security Number: _____		
<b>Section II</b>			
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>BOCES PD 1/2 Day w/Christine (ELA) 1/2 Day w/Nan (Math)</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: _____ Pedagogy _____ Content _____ English Language Learning			
CTLE Date(s): from: <u>12 / 9 / 2020</u> to <u>12 / 9 / 2020</u> <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>		Number of hours awarded <u>5</u>	
<b>Section III</b>			
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: _____	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	