

LINKS PD 2017-2018

Date	Time	PD	Hours
✓ September 5	Full day	AM: APPR, CTLE, LINKS Goals, BGTA (Lunch), Faculty Meetings PM: PLC/Team Meetings	6.5
✓ September 6	Full day	AM: All Staff Meetings PM: Building Specific Tasks	6.5
✓ September 29	½ day	<ul style="list-style-type: none"> • Pre K-3 Wonders Webinar/PLC • 4-6 ELA Module Work • Poverty Planning • 7-8 RTI Discussions • 9-12 Playing with Google 	3.5
✓ October 6	Full day	AM: Poverty Simulation PM: John Perricone	6.5
✓ October 27	½ day	<ul style="list-style-type: none"> • Pre K-3 Wonders Webinar/PLC • 4-6 ELA & Math Module Work • 7-12 Summative Assessments Framing Goals/RTI Discussions 	3.5
✓ February 2	½ day	<ul style="list-style-type: none"> • Pre K-3 Wonders Webinar/PLC • 4-6 ELA & Math Module Work • 7-12 Curriculum Mapping and Essential Standards 	3.5
✓ March 9	Full	AM: Technology PD Workshop PM: Health and Wellness PD Workshop	6.5
✓ March 22	½ day	<ul style="list-style-type: none"> • Pre K-3 Wonders Webinar/PLC • 4-6 ELA & Math Module Work • 7-12 Technology 	3.5
No Superintendent	1 hour (October)	Technology Plan	1
3/20 Superintendent	1 hour (February)	Poverty Follow-up (Insurance)	1
5/9 Superintendent	1 hour (April)	Budget Capital Project	1
Faculty Meetings	1 hour (Monthly)	Book Talks- Poverty	10.9

1/24-1/25 CPI 14 hrs.
5/7 Rehearsal + Conducting Technique

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

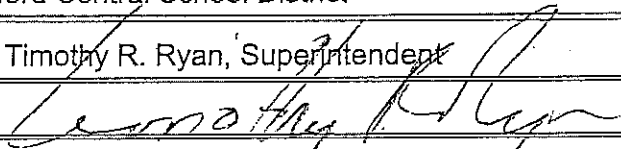
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Section I:			
First Name:	Last Name:	Middle Initial:	
Date of Birth:	Last 4 Digits of the Social Security Number:		
Section II:			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address:	City:	State:	Zip Code:
18 Juliard Street	Bainbridge	NY	13733
CTLE Activity Title: <u>Teacher Professional 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>9/5/17</u> to: <u>9/6/17</u>		Number of hours awarded: <u>12</u>	
<small>(mm) (dd) (yyy)</small>		<small>(mm) (dd) (yyy)</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>9/6/17</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

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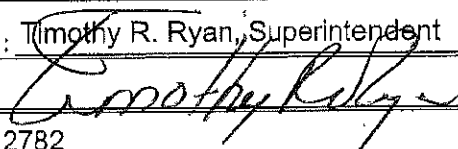
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First Name:	Last Name:	Middle Initial:	
Date of Birth:	Last 4 Digits of the Social Security Number:		
Section II:			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address: 18 Juliand Street	City: Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: Pre-K-3 Wonders Training / 4-6 ^{MATH} ELA Module Work / 7-8 RTI training / 9-12 Google Training <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input type="checkbox"/> Pedagogy <input checked="" type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: 9 / 29 / 17 to 9 / 29 / 17 <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>		Number of hours awarded 3.5	
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: 9-29-17	
Email: tryan@bgcsd.org		Phone #: 607-967-6321	

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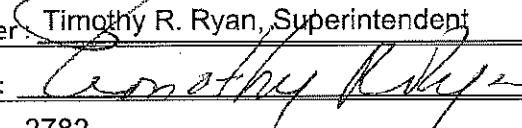
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Date of Birth: _____ / _____ / _____	Last 4 Digits of the Social Security Number: _____		
Section II			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliand Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>Poverty Simulation / John Perricone PK-12</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 / 6 / 2017</u> to <u>10 / 6 / 2017</u>		Number of hours awarded <u>6</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
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Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u>			
Signature of Authorized Certifying Officer: 			
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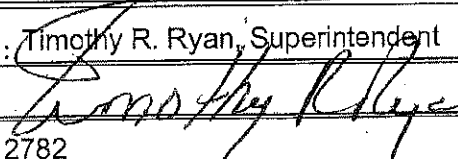
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Section II:			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address:	City:	State:	Zip Code:
18 Juliard Street	Bainbridge	NY	13733
CTLE Activity Title: <u>Pre-K-3 Readers / 4-6 ELA-Math Modules / 7-12 Summative Assessments Framing Goals/RTI</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 / 27 / 17</u> to: <u>10 / 27 / 17</u> <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>		Number of hours awarded <u>3.5</u>	
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Signature of Authorized Certifying Officer: 			
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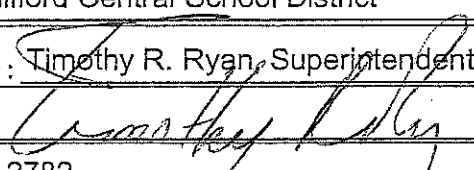
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Date of Birth: _____ / _____ / _____		Last 4 Digits of the Social Security Number: _____		
Section II:				
Name of Venue: Bainbridge-Guilford Central School District				
Street Address: 18 Juliand Street		City: Bainbridge		State: NY Zip Code: 13733
CTLE Activity Title: <u>CPI Training (Crisis Prevention)</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>1</u> / <u>24</u> / <u>18</u> to <u>1</u> / <u>25</u> / <u>18</u> Number of hours awarded <u>14</u> <small>(mm) (dd) (yyyy) (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: 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: 1/25/18
Email: tryan@bgcsd.org			Phone #: 607-967-6321	

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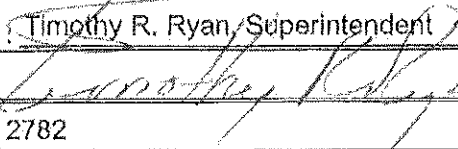
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Name of Venue: <u>Bainbridge-Gulford Central School District</u>			
Street Address:	City:	State:	Zip Code:
<u>18 Juliard Street</u>	<u>Bainbridge</u>	<u>NY</u>	<u>13733</u>
CTLE Activity Title: <u>Prz. K-3 Wonders Training, 4-6 Math & ELA Modules, 7-12 Summative Assessments, Framing Grants, RTI</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>2 / 2 / 18</u> to: <u>2 / 2 / 18</u>		Number of hours awarded: <u>3.5</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
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Signature of Authorized Certifying Officer: 			
Approved Provider Identification Number: <u>2782</u>		Date: <u>2/12/18</u>	
Email: <u>fryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

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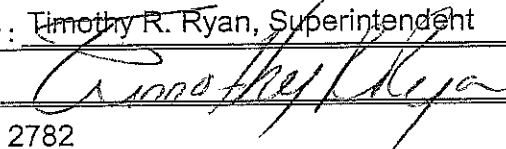
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Date of Birth:	Last 4 Digits of the Social Security Number:		
Section II:			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address:	City:	State:	Zip Code:
18 Juliard Street	Bainbridge	NY	13733
CTLE Activity Title: <u>Superintendent Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: _____ Pedagogy <input checked="" type="checkbox"/> Content _____ English Language Learning			
CTLE Date(s): from: <u>2 / 20 / 18</u> to <u>2 / 20 / 18</u>		Number of hours awarded <u>1</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
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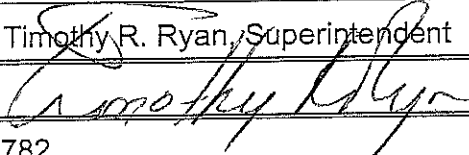
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Date of Birth:	Last 4 Digits of the Social Security Number:		
Section II			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliard Street</u>	City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>Faculty Wellness Day - PD Workshops & Technology</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>3/9/18</u> to: <u>3/9/18</u> <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>		Number of hours awarded <u>6.5</u>	
Section III			
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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>3/9/18</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

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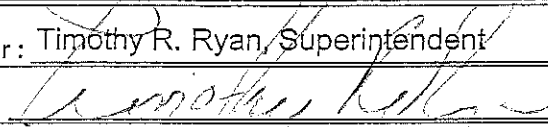
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First Name:	Last Name:	Middle Initial:	
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Section II:			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address:	City:	State:	Zip Code:
18 Juliard Street	Bainbridge	NY	13733
CTLE Activity Title: <u>PD Half Day Pre-K-12: PLC & Module Work 7-12: Technology</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>3/22/18</u> to: <u>3/22/18</u>		Number of hours awarded: <u>3.5</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
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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>4/4/18</u>	
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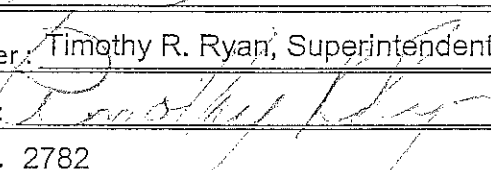
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Name of Venue: Bainbridge-Gullford Central School District			
Street Address:	City:	State:	Zip Code:
18 Juliand Street	Bainbridge	NY	13733
CTLE Activity Title: <u>Rehearsal and Conducting Technique</u> <small>(Indicate title/subject/grade level, etc.)</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>05 / 07 / 2018</u> to <u>05 / 07 / 2018</u>		Number of hours awarded <u>1</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-Gullford-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>5/30/18</u>	
Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

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

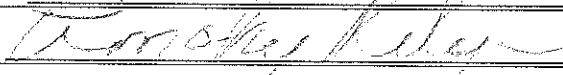
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Section I:				
First Name:		Last Name:		Middle Initial:
Date of Birth: / /		Last 4 Digits of the Social Security Number:		
Section II				
Name of Venue: <u>Bainbridge-Guilford Central School District</u>				
Street Address: <u>18 Juliard Street</u>		City: <u>Bainbridge</u>	State: <u>NY</u>	Zip Code: <u>13733</u>
CTLE Activity Title: <u>Capital Project Information and Guidance</u> <small>(Indicate title/subject/grade level, etc.)</small>				
Select One or More Areas of Activity: Pedagogy <input checked="" type="checkbox"/> Content English Language Learning				
CTLE Date(s): from: <u>05 / 09 / 2018</u>		to: <u>05 / 09 / 2018</u>		Number of hours awarded <u>1</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: 				
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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: Bainbridge-Guilford Central School District			
Street Address:	City:	State:	Zip Code:
18 Juliard Street	Bainbridge	NY	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 <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>10 / 11 / 17</u>		to: <u>10 / 11 / 17</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
Number of hours awarded			<u>1</u>
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: <u>[Signature]</u>			
Approved Provider Identification Number: <u>2782</u>		Date: <u>4/14/18</u>	
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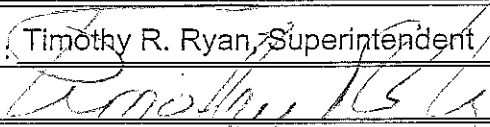
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Date of Birth:	Last 4 Digits of the Social Security Number:		
Section II:			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address:	City:	State:	Zip Code:
18 Juliard Street	Bainbridge	NY	13733
CTLE Activity Title: <u>Faculty 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 <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>11 / 8 / 17</u>		to: <u>11 / 8 / 17</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
Number of hours awarded			<u>1</u>
Section III:			
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Signature of Authorized Certifying Officer: 			
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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:	City:	State:	Zip Code:
<u>18 Juliard Street</u>	<u>Bainbridge</u>	<u>NY</u>	<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>12 / 20 / 17</u>		to: <u>12 / 20 / 17</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
Number of hours awarded <u>1</u>			
Section III:			
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Print Name of Authorized Certifying Officer: <u>Timothy R. Ryan, Superintendent</u>			
Signature of Authorized Certifying Officer: <u>Timothy R. Ryan</u>			
Approved Provider Identification Number: <u>2782</u>		Date: <u>4/4/18</u>	
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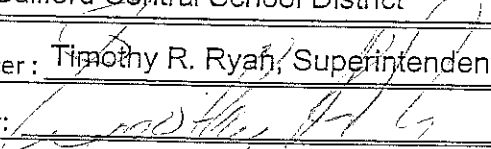
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First Name:	Last Name:	Middle Initial:	
Date of Birth:	Last 4 Digits of the Social Security Number:		
Section II:			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address: 18 Juliand Street		City: Bainbridge	State: NY
		Zip Code: 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 <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>1/10/18</u> to: <u>1/10/18</u>		Number of hours awarded: <u>1</u>	
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: 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: 4/4/18	
Email: tryan@bgcsd.org		Phone #: 607-967-6321	

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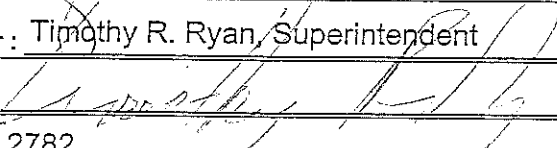
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Section I:			
First Name:		Last Name:	
Date of Birth:		Middle Initial:	
Last 4 Digits of the Social Security Number:			
Section II:			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address: 18 Juliard Street		City: Bainbridge	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 <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>2 / 14 / 18</u>		to: <u>2 / 14 / 18</u>	Number of hours awarded: <u>1</u>
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: Bainbridge-Guilford Central School District			
Print Name of Authorized Certifying Officer: Timothy R. Ryan, Superintendent			
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Email: <u>tryan@bgcsd.org</u>		Phone #: <u>607-967-6321</u>	

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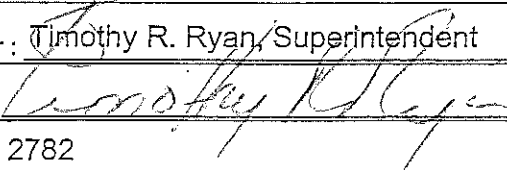
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Section I:				
First Name:		Last Name:		Middle Initial:
Date of Birth: / /		Last 4 Digits of the Social Security Number:		
Section II:				
Name of Venue: <u>Bainbridge-Guilford Central School District</u>				
Street Address: <u>18 Juliard Street</u>		City: <u>Bainbridge</u>		State: <u>NY</u> Zip Code: <u>13733</u>
CTLE Activity Title: <u>Faculty Meeting - Guilford</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 / 14 / 18</u> to: <u>3 / 14 / 18</u> Number of hours awarded <u>1</u> <small>(mm) (dd) (yyyy) (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>3/14/18</u>	
Email: <u>tryan@bgcsd.org</u>			Phone #: <u>607-967-6321</u>	

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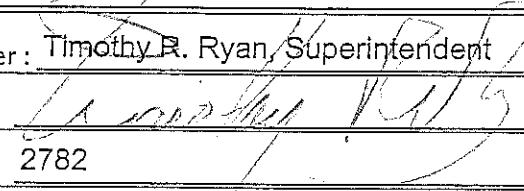
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Section I:			
First Name:		Last Name:	
Date of Birth:		Last 4 Digits of the Social Security Number:	
Section II:			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliand Street</u>		City: <u>Bainbridge</u>	State: <u>NY</u> Zip Code: <u>13733</u>
CTLE Activity Title: <u>Faculty Meeting - Greenlawn</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>3/14/18</u> to <u>3/14/18</u>		Number of hours awarded <u>1</u>	
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>4/4/18</u>	
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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: Bainbridge-Guilford Central School District			
Street Address:	City:	State:	Zip Code:
18 Juliard Street	Bainbridge	NY	13733
CTLE Activity Title: <u>Faculty Meeting - Jr. - Sr. High School</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>3/20/18</u>		to: <u>3/20/18</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
		Number of hours awarded <u>1</u>	
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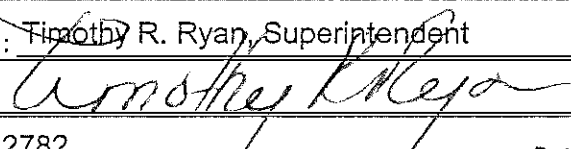
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Section I:			
First Name:	Last Name:	Middle Initial:	
Date of Birth: _____/_____/_____	Last 4 Digits of the Social Security Number:		
Section II:			
Name of Venue: <u>Bainbridge-Guilford Central School District</u>			
Street Address: <u>18 Juliland 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 / 11 / 18</u>		to: <u>4 / 11 / 18</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
Number of hours awarded <u>1</u>			
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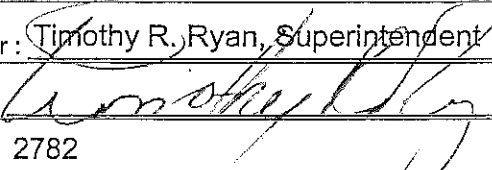
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Instructions for the Approved CTLE Sponsor:

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: Bainbridge-Guilford Central School District			
Street Address:	City:	State:	Zip Code:
18 Juliand Street	Bainbridge	NY	13733
CTLE Activity Title: <u>Faculty Meeting</u> <small>(Indicate title/subject/grade level, etc.)</small>			
Select One or More Areas of Activity: <input type="checkbox"/> Pedagogy <input type="checkbox"/> Content <input type="checkbox"/> English Language Learning			
CTLE Date(s): from: <u>5/16/18</u>		to: <u>5/16/18</u>	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
Number of hours awarded			<u>1</u>
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:	
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

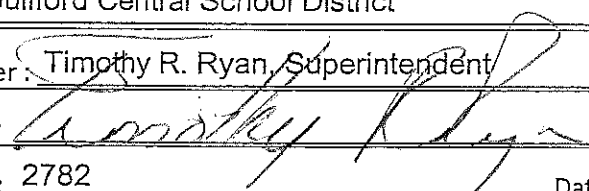
All CTLE must be completed with Approved Sponsors and be reported using this form in addition to any electronic reporting requirements.

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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: Bainbridge-Guilford Central School District			
Street Address:	City:	State:	Zip Code:
18 Juliand Street	Bainbridge	NY	13733
CTLE Activity Title: <u>Faculty Meeting - Guilford Elementary</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>6/5/18</u> to: <u>6/5/18</u>		Number of hours awarded: <u>1</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: 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:	
Email: tryan@bgcsd.org		Phone #: 607-967-6321	

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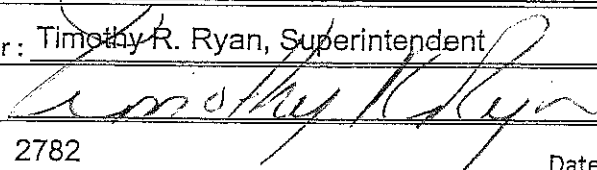
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Section I:			
First Name:	Last Name:	Middle Initial:	
Date of Birth:	Last 4 Digits of the Social Security Number:		
Section II:			
Name of Venue: Bainbridge-Guilford Central School District			
Street Address: 18 Juliand Street	City: Bainbridge	State: NY	Zip Code: 13733
CTLE Activity Title: <u>Faculty Meeting - Greenlawn, Jr.-Sr. High School</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>6/6/18</u> to <u>6/6/18</u>		Number of hours awarded <u>1</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: Bainbridge-Guilford Central School District			
Print Name of Authorized Certifying Officer: Timothy R. Ryan, Superintendent			
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Email: tryan@bgcsd.org		Phone #: 607-967-6321	