POLK COUNTY SCHOOLS- PROFESSIONAL EDUCATION COMPETENCE (PEC) PROGRAM

ANNUAL COMPLETION FORM

Teacher's SAP Number		**Teacher's DOE Certificate Number**
Teacher's Name (Last, First and Middle or Maiden)		
Home Mailing Address (Street, City, State, Zip)		
Teaching Assignment (Subject, Grade Level, School)		
Members of Support Team (Other Professional Educator/Mentor Teacher)		
School Name		

Employment Date _____ **PEC Completion Date** _____

Month/Day/Year **Month/Day/Year**

I have examined the portfolio of the above named teacher and certify that it contains the following required evidence of the Professional Education Competence Program:

- Completed Support Team Checklist/Timeline
- Completed Florida Accomplished Practices Checklist
- Observation forms (GOI – Global Observation Instrument- or other related documents)

PLEASE READ and initial the appropriate statement below:

Per Florida Statute 1012.56, a teacher in the PEC Program must show mastery of the educator accomplished practices, a variety of data indicators for student progress, methodologies for teaching subject content that supports the NGSSS for students, techniques for effective classroom management, techniques and strategies for operationalizing the role of the teacher in assuring a safe learning environment for students, and methodologies for assuring the ability of all students to read, write, and compute. Therefore, **a teacher in PEC must be in the program for a MINIMUM of 99 instructional days** to be able to fulfill these requirements. If the teacher has not been in the program for at least 99 instructional days, he/she will be noted as a carry-over into the next school year and will continue and complete the requirements of the program in the fall. The PEC Program is not to exceed 180 days.

_____The above named teacher has successfully completed the PEC Program and been in the program for a minimum of 99 instructional days.

_____ The above named teacher has not successfully completed the PEC Program and needs to be noted as a carry-over into the 2012-2013 school year to continue and complete the program requirements.

_____ _____

Principal's Signature **Date**

Upon completion, please send to the District Certification Department, Route E.

Revised: 8/2011