**\*\*\*PLEASE READ BEFORE COMPLETING THIS FORM\*\*\***All course requests must be approved by your SCHOOL BASED PLANNING TEAM, PROGRAM BASED PLANNING TEAM and JOINT PROFESSIONAL DEVELOPMENT COMMITTEE before the course can be held.
**FAILURE TO DO SO WILL RESULT IN YOUR REQUEST BEING DENIED.**

**School, Program, or Department Name:** Click or tap here to enter text.
**Course Title:** Click or tap here to enter text.
**Target Audience:** Click or tap here to enter text.

**Course Description:**
Click or tap here to enter text.

**Credit Types (s):** [ ] Professional Development [ ] State Certification [ ] Both
**Number of Hours**: Choose an item.
**Area of Activity:** [ ] Pedagogy [ ] Content [ ] English Language Learners

**Why is this professional development being offered?**
Click or tap here to enter text.

**How will this professional learning experience connect to student, teacher, school, program, and/or district needs?**
Click or tap here to enter text.

**How will this professional learning experience impact student performance and achievement?**
Click or tap here to enter text.

**If audited, what evidence/data will be used and collected to determine that there has been a change in student social-emotional growth or student achievement?**
**Examples:** **Reduction in student referrals, student work, use assessments, projects, etc.**
Click or tap here to enter text.

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| **Course Alignments: Danielson Domains/Components: (Check all that apply)** |
| **Domain 1: Planning and Preparation** | **Domain 2: Class Environment** |
| [ ] (1a) Demonstrating Knowledge of Content and Pedagogy | [ ] (2a) Creating an Environment of Respect and Rapport |
| [ ] (1b) Demonstrating Knowledge of Students | [ ] (2b) Establishing a Culture for Learning |
| [ ] (1c) Setting instructional Outcomes | [ ] (2c) Managing Classroom Procedures |
| [ ] (1d) Demonstrating Knowledge of Resources | [ ] (2d) Managing Student Behavior |
| [ ] (1e) Designing Coherent Instruction | [ ] (2e) Organizing Physical Space |
| [ ] (1f) Designing Student Assessments |
| **Domain 3: Instruction** | **Domain 4: Professional Responsibilities** |
| [ ] (3a) Communicating with Students | [ ] (4a) Reflecting on Teaching |
| [ ] (3b) Using Questioning and Discussion Techniques | [ ] (4b) Maintaining Accurate Records |
| [ ] (3c) Engaging Students in Learning | [ ] (4c) Communicating with Families |
| [ ] (3d) Using Assessment in Instruction | [ ] (4d) Participating in a Professional Community |
| [ ] (3e) Demonstrating Flexibility and Responsiveness | [ ] (4e) Growing and Developing Professionally |
| [ ] (4f) Showing Professionalism |

**ALL AREAS MUST BE FILLED IN**
**Class Differentiated Level:** Choose an item.
**Professional Learning Method:** Choose an item.
**Substitutes have been provided for Participants:** N/A
**Location/Room Number**: Click or tap here to enter text.
**Street Address**: Click or tap here to enter text.
**City**: Click or tap here to enter text.
**State**: Click or tap here to enter text.
**Zip Code**: Click or tap here to enter text.

**YOU MUST LIST EITHER AN INSTRUCTOR OR GUEST PRESENTER FOR EVERY COURSE.
FILL OUT ONLY IF THE INSTRUCTOR IS AN RCSD EMPLOYEE
Instructor(s) Name:** Click or tap here to enter text. **Instructor(s) Email:** Click or tap here to enter text.
**Instructor(s) Phone Number:** Click or tap here to enter text. **FILL OUT ONLY IF THE INSTRUCTOR IS NOT AN RCSD EMPLOYEE (GUEST PRESENTER)
Guest Presenter(s) Name:** Click or tap here to enter text. **Guest Presenter(s) Email:** Click or tap here to enter text. **YOU MUST PROVIDE A CONTACT, EMAIL, & PHONE NUMBER
Contact Name:** Click or tap here to enter text. **Contact Email:** Click or tap here to enter text. **Contact Phone Number:** Click or tap here to enter text.

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| **FILL OUT THIS SECTION IF THIS REQUEST IS FOR MULTIPLE MEETINGS.** |
| **Section Date:** Click or tap to enter a date. | **Registration End Date:** Click or tap to enter a date. |
| **Section Time:** Click or tap here to enter text. | **Maximum Number of Participants:**  Choose an item. |
| **Allow Wait List:** Choose an item. | **Wait List Cut-Off Date:** Click here to enter a date. |
|  |
| **Section Date:** Click or tap to enter a date. | **Registration End Date:** Click or tap to enter a date. |
| **Section Time:** Click or tap here to enter text. | **Maximum Number of Participants:**  Choose an item. |
| **Allow Wait List:** Choose an item. | **Wait List Cut-Off Date:** Click here to enter a date. |
|  |
| **Section Date:** Click or tap to enter a date. | **Registration End Date:** Click or tap to enter a date. |
| **Section Time:** Click or tap here to enter text. | **Maximum Number of Participants:**  Choose an item. |
| **Allow Wait List:** Choose an item. | **Wait List Cut-Off Date:** Click here to enter a date. |
|  |
| **Section Date:** Click or tap to enter a date. | **Registration End Date:** Click or tap to enter a date. |
| **Section Time:** Click or tap here to enter text. | **Maximum Number of Participants:**  Choose an item. |
| **Allow Wait List:** Choose an item. | **Wait List Cut-Off Date:** Click here to enter a date. |
|  |
| **Section Date:** Click or tap to enter a date. | **Registration End Date:** Click or tap to enter a date. |
| **Section Time:** Click or tap here to enter text. | **Maximum Number of Participants:**  Choose an item. |
| **Allow Wait List:** Choose an item. | **Wait List Cut-Off Date:** Click here to enter a date. |

**IMPORTANT REMINDERS:**

**●2021-2022 PD cycle begins June 28, 2021
●Last date for 2021-2022 courses = Tuesday, June 7, 2022
●Surveys must be completed by = Thursday, June 10, 2022 @4:00PM
●For multiple meeting workshops, collegial circles, or other learning designs, a new section must be created for every meeting time. No single course can exceed a total of 20 credit hours.
●Attendance must be entered in TrueNorthLogic and submitted to OPL via email at TrueNorthLogic@rcsdk12.org no later than 5 days after each meeting date.

FILL OUT THIS SECTION IF THIS REQUEST IS FOR ONLY ONE MEETING.
Section Date:** Click or tap to enter a date.
**Section Time:** Click or tap here to enter text. **Registration End Date:** Click or tap to enter a date. **Maximum Number of Participants:** Click or tap here to enter text. **Allow Waitlist:** Choose an item. **Waitlist Cutoff Date:** Click here to enter a date.

 **List Additional Meeting Dates & Times:** Click or tap here to enter text.

**Approval Signatures:**[ ] **School Based Planning Team**  [ ] **Program Based Planning Team** [ ] **Department**

If this request is for one participant, please supply the participant’s name: Click or tap here to enter text.

●Type in your name, select your title, and add your virtual signature below.

●Save the file with your TrueNorthLogic prefix, underscore and course title **(Ex: SCH02\_Course Title)**

●Email the request form to the TrueNorthLogic mailbox: **TrueNorthLogic@rcsdk12.org**

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| **Name:** Click or tap here to enter text. | **Name:** Click or tap here to enter text. |
| **Title:** Click or tap here to enter text. | **Title:** Click or tap here to enter text. |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_** |
| **Virtual Signature:** Click or tap here to enter text. **Only valid in the event of a NYS DIRECTIVE OR OTHEWISE INDICATED.** | **Virtual Signature:** Click or tap here to enter text. **Only valid in the event of a NYS DIRECTIVE OR OTHEWISE INDICATED.** |
| **Name:** Click or tap here to enter text. | **Name:** Click or tap here to enter text. |
| **Title:** Click or tap here to enter text. | **Title:** Click or tap here to enter text. |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_** |
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| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_** |
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| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_** |
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