**\*\*\*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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