**Office of Professional Learning**

**2023-2024 PLE Request Form**

**Step 1:** Complete the PLE Request below.

**Step 2:** Submit the PLE Request to SBPT, PBPT, *or* Director for approval.

**Step 3:** Submit the approved PLE Request to TrueNorthLogic@rcsdk12.org ***at least 2 weeks before the course start date***.

**Step 4:** Approval from JPLC/OPL is REQUIRED ***before*** building the course in TrueNorthLogic.

**\* Be sure to complete the form accurately and follow all steps carefully in order for the request to be approved. \***

**School, Program, *or* Department Name:** Choose Item

**Course Title:** Click or tap here to enter text. (Example: SCH01\_Engaging Students)

**Union of Target Audience:** Choose Item

**Target Audience:** Click or tap here to enter text. (Example: 9-12 teachers or All)

**Credit Types(s):** [ ]  **PLI (Professional Learning Incentive)**

[ ]  **CTLE (Continuing Teacher Leader Education)**

[ ]  **Both**

**Total Number of Hours**: Choose Item

**Area of Activity:** [ ]  **Pedagogy (The Method and Practice of Teaching)**

 [ ]  **Content (The Material and Information used in Teaching)**

[ ]  **English Language Learners (The Course Content must be at least 50% focused on ELL)**

**\* Be sure to thoroughly answer ALL bulleted questions/prompts in each section. \***

***ENGAGEMENT***

**Course Description:**

* Who is the intended audience?
* What content area will be addressed?
* What are the learning outcomes/goals?
* What new knowledge will participants receive?
* What will participants do (activities)?
* What research-based materials will be utilized?
* What engagement strategies will be implemented?

**\*\* PARTICIPANTS MUST ATTEND 100% OF ALL SESSIONS IN A SERIES TO RECEIVE FULL CREDIT! \*\***

Click or tap here to enter text.

***APPLICATION***

* How does this professional learning experience connect to school/program commitments and goals and/or district priorities? ***Please be specific***.

Click or tap here to enter text.

* Describe the intended impact this professional learning experience will have on instructional practices ***AND*** student achievement.

Click or tap here to enter text.

 ***ASSESSMENT***

* Describe the ***measurable*** evidence/data that will be collected to determine if the learning outcomes for the course are met.
* What is the follow-up to this professional learning? ***Please be specific***.

 Click or tap here to enter text.

**\* IT IS REQUIRED THAT EVIDENCE BE RETAINED FOR 7 YEARS FOR PROFESSIONAL LEARNING REVIEW PURPOSES. \***

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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 |

**COURSE DETAILS:**

**Class Level:** Choose Item

**Professional Learning Model:**  Choose Item

**Substitutes have been provided for participants:** Choose an item.

**Location:** Choose Item **(Use of OPL Rooms at Hart Street require a Room Reservation Request)**

**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.

**MICROSOFT TEAMS (ZOOM link for outside presenters) INFORMATION: VIRTUAL COURSES ONLY**

***Please DO NOT submit a PLE Request without this information for online courses.***

**Microsoft Teams Link:** Click or tap here to enter text.

**Meeting ID:** Click or tap here to enter text.

**Password:** Click or tap here to enter text.

**INSTRUCTOR/GUEST PRESENTER:**

\*\* An INSTRUCTOR **OR** GUEST PRESENTER must be included for the course. \*\*

**Complete 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.

**Complete ONLY if the instructor is a GUEST PRESENTER.**

**Guest Presenter(s) Name:** Click or tap here to enter text.

**Guest Presenter (s) Email:** Click or tap here to enter text.

**Guest Presenter (s) Phone Number:** Click or tap here to enter text.

**COURSE CONTACT INFORMATION:**

\*\* Course Contact **MUST BE** an RCSD Employee. \*\*

**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.

**SECTION DATES & TIMES:**

**Registration End Date:** Click or tap to enter a date.

**Maximum Number of Participants:** Click or tap here to enter text.

**Allow Wait List:** Choose Item

**Wait List Cut-Off Date:** Click or tap to enter a date.

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| --- | --- |
| Section Date: Click or tap to enter a date.Section Time (Start-End): Click or tap here to enter text. |  Section Date: Click or tap to enter a date. Section Time (Start-End): Click or tap here to enter text. |
| Section Date: Click or tap to enter a date.Section Time (Start-End): Click or tap here to enter text.  | Section Date: Click or tap to enter a date. Section Time (Start-End): Click or tap here to enter text.  |
| Section Date: Click or tap to enter a date.Section Time (Start-End): Click or tap here to enter text.Section Dates/Times Notes: Click or tap here to enter text. |  **List Additional Section Dates & Times:** Click or tap here to enter text.  |

**APPROVAL SIGNATURES:**

[ ]  **PBPT (Program Based Planning Team)** [ ]  **SBPT (School Based Planning Team)** [ ]  **Department**

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

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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.**Date:** Click or tap to enter a date. | **Virtual Signature:** Click or tap here to enter text.**Date:** Click or tap to enter a date. |
| **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.**Date:** Click or tap to enter a date. | **Virtual Signature:** Click or tap here to enter text.**Date:** Click or tap to enter a date. |
| **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.**Date:** Click or tap to enter a date. | **Virtual Signature:** Click or tap here to enter text.**Date:** Click or tap to enter a date. |

**IMPORTANT REMINDERS:**

* 2023-2024 Professional Learning cycle begins ***Monday, June 26, 2023***.
* Last date for 2023-2024 courses is ***Tuesday, June 4, 2024***.
* Surveys must be completed by ***Friday, June 7, 2024 by 4:00PM***.
* A single course ***cannot*** exceed a total of 20 credit hours.
* One-hour sessions are only allowed if part of a professional learning series.
* Attendance is required to be recorded in TrueNorthLogic and submitted to OPL (via email) at TrueNorthLogic@rcsdk12.org within ***5 days after each meeting date.***

\*\*FOR OFFICIAL OFFICE USE ONLY\*\*

[ ] **DEI (DIVERSITY, EQUITY AND INCLUSION)**