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**2024-2025 Professional Learning 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](mailto:TrueNorthLogic@rcsdk12.org) **at least 3 weeks before the course start date**.

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

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**School** Choose an item.**or Department** Choose an item. **or Program** Choose an item. **or Union** Choose an 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)**

***ENGAGEMENT***

**Course Description**

* Who is the intended audience?
* What content area/s 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 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 have been met.What is the follow-up to this professional learning? ***Please be specific and answer BOTH questions***.

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 \*If you selected eLearning please review eLearning protocols [here](https://docs.google.com/document/d/1k4stBaJ3NmsmZsT6DnCEqQjSdauZKsjwF6FqnaKp5Nc/view)\*

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

**Location** Click or tap here to enter text. **(OPL Rooms at Hart Street require a** [**Room Reservation Request**](https://docs.google.com/forms/d/e/1FAIpQLScjY_9ZsLA0beUlPypEExbMcWUR2zX36bQuKT7mS8iSCMrOWQ/viewform?usp=sf_link)**)**

**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 INFORMATION: VIRTUAL COURSES ONLY**

**(ZOOM can only be used by an outside provider)**

***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**

**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 (MUST BE RCSD STAFF)**

**Contact Name:** Click or tap here to enter text.

**RCSD 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 Date: Click or tap to enter a date. Section Time (Start-End): Click or tap here to enter text. |
| **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**

|  |  |
| --- | --- |
| **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:** | **Signature:** |
| **Date:** | **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:** | **Signature:** |
| **Date:** | **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:** | **Signature:** |
| **Date:** | **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. |

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

**IMPORTANT REMINDERS:**

* The 2024-2025 Professional Learning cycle begins ***Monday, June 24, 2024***
* Last date for 24-25 courses is ***Friday, May 30th, 2025***.
* Surveys must be completed by ***Tuesday, June 3, 2025, by 4:00 PM***.
* One-hour sessions are only allowed if part of a professional learning series of 5 or more sessions.
* Attendance is required to be recorded in TrueNorthLogic and submitted to OPL (via email) at [TrueNorthLogic@rcsdk12.org](mailto:TrueNorthLogic@rcsdk12.org) within ***5 DAYS AFTER EACH MEETING DATE.***

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

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