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**2025-2026 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 **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)**

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| --- | --- |
| **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 |

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**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/1FAIpQLSelp-HnZxuEfHK_6U8jXu267aUKkf_wozKFLQ8W21YVA3otRA/viewform?usp=dialog)**)**

**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.

|  |  |
| --- | --- |
| 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 2025-2026 Professional Learning cycle begins ***Tuesday, July 1, 2025***
* Last date for 25-26 courses is ***Tuesday, June 2, 2026***.
* Surveys must be completed by ***Friday, June 5, 2026, 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 within ***5 DAYS AFTER EACH MEETING DATE.***

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

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