2016-17 Request for Approval of Professional Development

|  |
| --- |
| Completed by the Requester/Bargaining Unit Member |

School/Program/Department/Union: Click here to enter text.

Course Name: Click here to enter text.

Course Category: (Check all that apply.) [ ]  Pedagogy [ ]  Content [ ]  English Language Learning

Course Description: (Explain in detail.)

Click here to enter text.

Targeted Group: Click here to enter text.

Differentiated Level: Choose an item.

Professional Learning Method: Choose an item.

Total Number of Credit Hours: Choose an item.

Meeting Date(s) and Times: (Enter as MM/DD/YYYY 00:00 AM/PM – 00:00 AM/PM.)

Click here to enter text.

Location of PD: (Include site name, address, and room number.)

Click here to enter text.

Seating Limit: Click here to enter text.

Instructor(s): Click here to enter text. Contact Person: Click here to enter text.

Email(s): Click here to enter text. Email: Click here to enter text.

Telephone Number(s): Click here to enter text. Telephone Number: Click here to enter text.

Danielson Domain(s)/Component(s): (Check all that apply.)

Domain 1: Planning and Preparation Domain 2: Classroom Environment

[ ]  (1a) Demonstrating Knowledge of [ ]  (2a) Creating an Environment of Respect and Rapport

Content and Pedagogy [ ]  (2b) Establishing a Culture for Learning

[ ]  (1b) Demonstrating Knowledge of Students [ ]  (2c) Managing Classroom Procedures

[ ]  (1c) Setting Instructional Outcomes [ ]  (2d) Managing Student Behavior

[ ]  (1d) Demonstrating Knowledge of Resources [ ]  (2e) Organizing Physical Space

[ ]  (1e) Designing Coherent Instruction

[ ]  (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

Why is this professional development being offered?

Click here to enter text.

How is this professional development connected to student, teacher, school, program, and/or district needs?

Click here to enter text.

How will this professional learning experience impact student performance and achievement?

Click here to enter text.

Save this form using the following format:

Name of School, Program, Department, or Union (space) Requester’s/Bargaining Unit Member’s Last Name First Initial (space) PD End Date as MM/DD/YYYY

(e.g. School50 RodriguezM 01152017).

Email this form to the applicable School-Based Planning Team, Program-Based Planning Committee,

Governance Council, Department Director, or Union Leadership for review and approval.

|  |
| --- |
| Completed by the School-Based Planning Team, Program-Based Planning Committee, Governance Council, Department Director, or Union Leadership. |

Approved by: Choose an item.

Date of Approval: Click here to enter a date.

Email the approved form to the Site-Based PD Manager.