2016-17 Request for Approval of Professional Development

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| 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.

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| 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.