

**Office of Professional Learning** PD Request Form 2019-2020

**\*\*\*\*PLEASE READ BEFORE COMPLETING THIS FORM\*\*\*\* All requests must be approved by the SCHOOL-BASED PLANNING TEAM and JOINT PROFESSIONAL DEVELOPMENT COMMITTEE before being held. Failure to do so will result in your request being DENIED.**

**Approved By: (ONLY CHECK ONE)** School-Based Planning Team Program-Based Planning Team Department ***(Approval names/signatures are required on the last page of this document.)***

**School, Program, or Department Name:**Click or tap here to enter text.

**Course Title:**Click or tap here to enter text.

**Course Description:**

Click or tap here to enter text.

**Credit Type(s**): Professional Development State Certification

**Number of Hours:** Choose an item.

**Area of Activity:** **(Check all that apply)** Pedagogy Content English Language Learners

**Why is this professional development being offered?**

Click or tap here to enter text.

**How will this professional learning experience connect to student, teacher, school, program, and/or district needs?**

Click or tap here to enter text.

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

Click or tap here to enter text.

**Target Audience:** Click or tap here to enter text.

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

***ALL AREAS MUST BE FILLED IN***

**Class Differentiated Level:** Choose an item.

**Professional Learning Method:** Choose an item.

**Substitutes have been provided for Participants: N/A**

**Location/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:** Click or tap here to enter text.

***FILL OUT ONLY IF THE INSTRUCTOR IS AN RCSD EMPLOYEE – YOU MUST LIST AN INSTRUCTOR***

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

**Instructor Email:**Click or tap here to enter text.

**Instructor Phone Number:**Click or tap here to enter text.

***FILL OUT ONLY IF THE INSTRUCTOR IS NOT AN RCSD EMPLOYEE***

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

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

***YOU MUST PROVIDE A CONTACT, EMAIL, & PHONE NUMBER***

**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.

***YOU MUST FILL OUT ALL DATES***

**Section Start Date:**Click or tap to enter a date.

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

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

***INCLUDE ALL MEETING DATES, NO MEETING DATE SUMMARIES WILL BE ACCEPTED***

**Meeting Date(s) and Times: (Ex: 1/15/19 = 7:45AM – 8:45AM)**

Click or tap here to enter text.

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

**Allow Waitlist:**Choose an item.

**Waitlist Cutoff Date:**Click here to enter a date.

**Maximum Waitlist Size:**Click here to enter text.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Approval Signatures:** School-Based Planning Team Program-Based Planning Team Department

**Print out the completed request form, sign names and signatures below. Your school, program, or department course requestor is responsible for emailing the form to either Kelli M. Briggs or Mitchel Hansinger.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Save this form using the following format: School Prefix\_Course Name** (Ex: SCH02\_Restorative Practice) **Program Prefix\_Course Name** (Ex: UPK\_Scripted Stories)  **Department Prefix\_Course Name** (Ex: MTH\_Zearn)  **Email the approved form to the Truenorthlogic Manager assigned to your School, Program, or Department (Kelli M. Briggs or Mitchel Hansinger).**