



CUSTOM PROFESSIONAL LEARNING ACTIVITY APPROVAL FORM (PRD-F005)

(This form is fillable and expandable.)

Procedure:

1. Determine if this is an in-system or out-of-system activity. In-system requests refer to any activities that are completed **within** CMCSS (in your classroom, at your school, with other teachers across the district) that are not available in the PLAN course catalog. Out-of-system requests refer to any activities that are attended **outside** CMCSS that are sponsored by outside agencies, institutions, or organizations.
2. For in-system requests, obtain pre-approval from Principal or Immediate Supervisor. For out-of-system requests, obtain pre-approval from the Principal or Immediate Supervisor AND the Professional Development Facilitator (at Central Services South). Approval is based on the alignment of the activity with the individual’s professional learning areas of need and focus. Please refer to the In-service Requirements Procedure (PRD-P001) for information regarding approvable activities. Signatures are required on this form.
3. Upon completion of activity, submit completed form (with required signatures) to Professional Development. Professional Development will add to PLAN transcript. Documentation of activity completion must accompany this form. Such documentation includes certificate of completion, activity schedule/agenda with registration, signed statement or email from presenter verifying attendance.

Name: _____ **School/Site:** _____

Activity Name: _____

Time or Timeframe for Activity: _____

Please mark where the PLA will occur: (mark one) **Within CMCSS:** **Outside CMCSS:**

Part 1: Credit Hours– Type and Number

Type of Credit Requested: (Check one)	Number of Hours REQUESTED:		Number of Hours APPROVED:	
	Training	In-Service	Training	In-Service
In-service (I will complete this activity outside the required workday.)				
Training (I will complete this activity during my workday.)				
Combination of In-Service and Training (I will complete this activity both during and after work hours.)				
TASL (administrators only)				
CEU (Continuing Education Unit)				

Part 2: PLA Description

Professional Learning Activity Plan
Professional Growth Goal: (What do you want to know or be able to do as a result of this PLA?)
Area of Refinement (TEAM Category/Indicator):



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Activity Description/Purpose: (What exactly will you be doing during this PLA?)
Expected Outcomes of This Activity: (What specific professional knowledge or skills do you expect to gain from this PLA?)
Application/Follow-up in your classroom or in your assignment: (How do you envision applying this learning in your classroom? How will you use this to improve your instructional practice?)
Implementation Plan:
Progress Monitoring: (Identify how you will monitor your progress toward completing your goals throughout this year.)
Evidence: (Address the specific types of evidence you'll collect to demonstrate your success in accomplishing this goal.)
Resources Needed: (What resources will you use to complete your plan that are outside those Professional Learning Activities listed in PLAN (e.g. Time with Academic Coach/Consulting Teacher, PLC Participation, Model Teacher Observation, NIET Videos, etc.)
Signatures

Teacher Signature: _____ **Date:** _____

Principal or Supervisor Signature: _____ **Date:** _____

If an Out-of-System Activity

Professional Development Facilitator: _____ **Date:** _____