

Career & Technical Education

Professional Learning Proposal

Directions: To key in information, click on <SIGN> in Menu Bar; click on <Add Text> in drop-down menu. SAVE completed form and print for signatures.

SCHOOL _____

DATE _____

NAMES OF PARTICIPANTS

TEACHING ASSIGNMENTS

Name of Activity _____ Date(s) of Activity _____

Location _____

DESCRIPTION How the activity will impact on classroom instruction and teacher effectiveness?

Since the above activity must be a part of a sustained, intensive and classroom focused Professional Learning Plan, check all applicable follow-up activities:

_____ Study teams (Department/PLC/Grade-Level Team/Focus Group)

_____ Peer coaching _____ Sharing information (Faculty Meetings/PD Session)

_____ Other (please specify) _____

PROJECTED COST OF ACTIVITY

Consultant Fees \$ _____ Mileage/Airfare/Parking \$ _____

Registration \$ _____ Lodging \$ _____

Substitute Yes _____ No _____ Food: \$30/day \$ _____

PAYMENT AGREEMENT Check one

CTE will pay directly _____ CTE will reimburse _____ SCHOOL _____ PARTICIPANT

The above professional development proposal is appropriate & supports the school improvement plan.

PRINCIPAL/DESIGNEE SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

CTE SUPERVISOR _____ DATE _____