# Preapproval Form: To be submitted *prior to* engaging in PD

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| Name: | IPDP Approval Date: |
| Teaching/Work Assignment: |
| District & Building/School Name: |
| Date(s) of Professional Development: |
| Location of Professional Development: |
| Title of Professional Development: (Specify) |
| Select one or more as appropriate.☐College/university course☐Ongoing series of workshop sessions☐Conference☐Single workshop☐Professional Learning Team/Community Involvement☐Independent study/action research☐Professional educational organization activities☐District leadership team, LPDC, curriculum development, school improvement☐Coaching/mentoring student teachers, new teachers or teachers in need☐Other, not listed above: (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Description of PD |
| IPDP Goal(s) applicable to this PD |

Number of contact hours

Number of CEUs requested

Please turn to page entitled “Evaluation of Approved PD” and check the box or boxes in front of the PD standards you expect to address in this PD experience. Refer to the [Quick Reference Guide Ohio Standards for Professional Development](http://education.ohio.gov/getattachment/Topics/Teaching/Professional-Development/Organizing-for-High-Quality-Professional-Developme/FinalPD-Standards_Quick-Reference-Guide_FINAL.pdf.aspx), pp.2-3, to review the Core Elements for each of the seven standards.

Signature of applicant

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Date\_\_\_\_\_\_\_\_\_\_\_\_\_

*DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.*

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☐Revise/Resubmit Revision Advice:

-OR-

 ☐Approved as written

Approval Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Evaluation of Approved Professional Development

# [To be completed *after* the PD experience]

*Directions: Complete sections I and II.*

I. Alignment to Ohio Professional Development Standards.

Answer only those which apply to this PD experience.

Refer to the [Guiding Questions: Ohio Standards for Professional Development](http://education.ohio.gov/getattachment/Topics/Teaching/Professional-Development/Organizing-for-High-Quality-Professional-Developme/FinalOhio-PD-Guiding-Questions-Resource_FINAL.pdf.aspx).

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| ☐Standard 1: In what ways did this PD occur within a learning community committed to continuous improvement, collective responsibility and goal alignment? |
| ☐Standard 2: How did this PD require you to develop capacity, advocate, and create support systems for professional learning? |
| ☐Standard 3: How did this PD engage you in prioritizing, monitoring and coordinating resources for educator learning? |
| ☐Standard 4: In what ways did this PD engage you in using a variety of sources and types of student, educator and system data to plan, assess and evaluate professional learning? |
| ☐Standard 5: In what ways did this PD integrate theories, research and models of human learning to achieve its intended outcomes? |
| ☐Standard 6: In what ways did this PD apply research on change and sustain support for implementation of professional learning? |
| ☐Standard 7: How does this PD align its outcomes with educator performance and student curriculum standards? |

II. Identify and attach documentation to evidence completion of the PD experience. Submitted documentation: (Check all that apply.)

☐Certificate of attendance

☐Reflection journal

☐Time log

☐Agenda with specific dates & times

☐Conference program with attended sessions identified

☐Transcripts or grade reports

☐Original work related to PD: portfolio, lesson plans, curriculum documents, grants, academic articles, etc.

☐Other: (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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☐Revise/Resubmit Revision Advice:

-OR-

* Approved as written

Approval Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_