

Request for Leading Professional Development

The Mosinee School District places a high value on professional learning and professional development. Professional development points are accumulated and used to move through compensation levels in accordance with the compensation model. Points in excess of those needed to increase your compensation *level are not accumulated or transferred to the next level.*

In accordance with the compensation model **ten (10) hours of professional engagement is the equivalent of one (1) Professional Development Point.**

All courses must be approved by the Director of Instruction before they are offered for professional development in the district. Once approved, collaborative professional development activities will be placed on the district professional development calendar.

I understand this request requires approval. I understand until I receive approval there is no guarantee of this activity being accepted for Professional Development points. _____

Please contact the Director of Instruction at 715.693.2530 ext. 6106 or rlind@mosineeschools.org if you have questions regarding the form or submission process.

1. Last Name: _____ First Name: _____ MI: _____

2. Date of submission (M/D/Y): _____ 3. Building: _____ 4. Grade Level/Department: _____

5. Activity Title: _____ 6. Points requested: _____

7. Proposed Start Date (M/D/Y): _____ 8. Proposed Completion Date (M/D/Y): _____

9.* This activity is: Personal—not open to others. _____ OR Collaborative—others may sign up. _____

10. This activity will take place:

11. This activity will require district :

(check all that apply)

_____ Meeting space

Other (please list below)

_____ Before school on school days

_____ iPads

_____ After school on school days

_____ Chromebooks

_____ Weekends during the school year

_____ Learn Pads

_____ Outside of the school year.

_____ Laptops

_____ During the school day using personal day(s)

12. What are the anticipated costs to the district? _____

13. Please provide a description of the activities you will engage in as you participate in this professional development. Examples may include but are not limited to participation in professional reading, sharing of reflection, unpacking of standards, identifying student learning targets, collaborating with colleagues using technology.

Request for Leading Locally Provided or Personal Professional Development

14. Please provide a description of the anticipated outcomes as a result of the professional development activity. Examples may include but are not limited to understanding of common assessments, analysis of data to guide instruction, identification of resources to support instruction, using technology to increase student collaboration.

15. Please provide a description of any product(s) that will be created as a result of this professional development activity. Examples may include but are not limited to creation of common assessments, creation of collaborative platform for students in google.

16. What evidence will be required of all participants to demonstrate successful completion of the professional development activity? Examples may include but are not limited to attendance at all sessions, completion of a reflective journal, demonstrated incorporation of new instructional strategy.

17. What methods will you use to determine professional or student growth as a result of this professional development activity?

18. Please indicate how this professional development activity aligns with district priorities:

This activity is: _____Approved _____Not Approved

Director of Instruction _____ Date

*If a collaborative activity is approved, please contact the Director of Instruction to determine professional development points you will be granted as leader of the activity.

You have been approved for _____ professional development points for leading this activity

Signed: Applicant _____ Date _____ Director of Instruction _____ Date