Directions:

Staff should use this form to request prior approval for the issuance of school-based or district-based professional learning activity PDPs before the activity is offered to staff. This form does not need to be used for standard activities such as participation on the School Improvement Council and mentoring. Please consult the attached document for guidelines on PDP amounts and samples of products.

Please complete this form and give it to a curriculum coordinator or building principal for initial approval. The approved proposal will then be submitted to the Assistant Superintendent’s Office for formal review.

SESSION TITLE: ________________________________________________________________

DATE(S): ___________________________ HOURS: ___________________________ 

LOCATION: ________________________________

INTENDED AUDIENCE (grade level(s)/content area): ________________________________

INSTRUCTOR/FACILITATOR:

NAME(S): ________________________________________________________________

POSITION(S): ________________________________________________________________

SCHOOL(S): ________________________________________________________________

PHONE #(S): ________________________________________________________________

EMAIL(S): ________________________________________________________________

1. Describe the goal(s) and objective(s) of the work and how they are relevant to desired student outcomes.

2. Describe the activities of the session(s).

3. Articulate the resources and materials that will ensure that the identified goals and objectives are met.
4. If there is a product, what will it be?

5. Detail any costs and any funding source.

6. Describe how your work will encourage sharing of ideas and work together to achieve the identified goals and objectives and how your session will allow educators to apply their learning to his/her content and/or context.

7. Write the related district, school, department and/or educator goals.

Presenter/Facilitator’s Signature: ____________________________ Date: ___________

Principal’s/ Coordinator’s Signature: __________________________ Date: ___________

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