**St. Clair County**

**Regional Office of Education**

**Professional Development**

**Activity Approval Request Form**

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| --- | --- |
| Name | Address, City, State |
| E-mail | Phone |
| SSN/IEIN | Professional Development Time (Total Hours/Credits) |

|  |  |
| --- | --- |
| **Professional Development Activity Title:** | **Presenter/Organization Name(s):** |
| **Activity Description:** |
| **Date of Professional Development:** | **Location of Professional Development:** |

Indicate from the following which **National Professional Learning Standard** (<http://learningforward.org/standards-for-professional-learning>) this Professional Development aligns to: (check all that apply)

**☐** This activity made use of **Learning Communities** committed to continuous improvement, collective responsibility, and goal alignment.

**☐** This activity shared **Resources** to increase educator knowledge base.

**☐** This activity shared **Learning Designs** to improve knowledge of theories, research, and models of human learning to achieve its intended outcomes.

**☐** This activity focused on using **Outcomes** that increases educator effectiveness and results for all students.

**☐** This activity focused on **Leadership** that develops capacity, advocates, and creates support systems for professional learning.

**☐** This activity focused on using **Data** from a variety of sources to plan, assess, and evaluate professional learning.

**☐** This activity focused on sustained **Implementation** of procedures and practices to promote long-term change.

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| **Provide a rationale as to how this Professional Development aligns to the state approved National Standards for professional learning selected above:** |

**Indicate from the following which your Professional Development aligns to: (check all that apply)**

**☐** Increase the knowledge and skills of school and district leaders who guide continuous professional development.

**☐** Will lead to improved learning for students.

**☐** Addressed the organization of adults into learning communities whose goals are aligned with those of the school and district.

**☐** Deepen educator’s content knowledge in one or more content (subject) areas.

**☐** Provide educators with researched-based instructional strategies to assist students in meeting rigorous academic standards.

**☐** Prepare educators to appropriately use various types of classroom assessments.

**☐** Use learning strategies appropriate to the intended goals.

**☐** Provide educators with the knowledge and skills to collaborate.

**☐** Prepare educators to apply research to decision-making.

**Indicate which of the following state learning standards are addressed by this professional development activity:**

**☐** Activities are of a type that will engage participants over a sustained period of time allowing for analysis, discovery, and application as they relate to student learning, social or emotional achievement, or well-being.

**☐** Professional development aligns to the licensee’s performance.

**☐** Outcomes for the activities relate to student growth or district improvement.

**☐** Activities align to State-approved standards for professional learning.

**☐** Professional Development Standards

**☐** Illinois Content Area Learning Standards

**☐** Professional Educator Standards

**☐** Illinois Professional Leader Standards

 **☐** This activity was higher education coursework.

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| **Produce a rationale for the activity that explains how it aligns to the state learning standards:** |

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| --- |
| **Please Sign and Date** |

Approved: \_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No \_\_\_\_\_\_\_\_\_Need More Documentation

Evaluated by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Submit to the Regional Office no later than thirty days prior to workshop for preapproval. Submit no later than 30 days after the workshop for final approval. Include a check for $10/per individual activity to be evaluated (made payable to the St. Clair County ROE).

\*If approved, evidence of completion form will be issued upon receipt of ISBE form 77-21A (Evaluation form).

**\*\*\*\*\*\*\*Upon approval you must enter the evidence of completion information into your ELIS account.\*\*\*\*\*\*\***