

## CUSTOM PROFESSIONAL LEARNING ACTIVITY APPROVAL FORM (PRD-F005)

(This form is fillable and expandable.)

### Procedure:

1. Determine if this is an in-system or out-of-system activity. In-system requests refer to any activities that are completed **within** CMCSS (in your classroom, at your school, with other teachers across the district) that are not available in the PLAN course catalog. Out-of-system requests refer to any activities that are attended **outside** CMCSS that are sponsored by outside agencies, institutions, or organizations.
2. For in-system and out-of-system requests, obtain pre-approval from Principal or Immediate Supervisor. Approval is based on the alignment of the activity with the individual's professional learning goals and focus. Please refer to the In-service Requirements Procedure (PRD-P001) for information regarding approvable activities. Signatures are required on this form.

Note: The following activities are NOT approvable and should not be included in requested credit hours:

- Travel time to and from the event
  - Registration and/or orientation
  - Meals and breaks
  - Vendor-sponsored social events
  - Professional association business and social meetings
  - Coaching clinics/cheerleading clinics
  - Travel/visits to historic locations and/or museums
  - Activities that are not related to or supportive of the employee's current work assignment within CMCSS
3. Upon completion of activity, submit this completed form (with required signatures) to Professional Learning by using the Custom PLA Credit tab in PLAN.

**Documentation of activity completion must accompany this form.** Such documentation must include one of the following:

- certificate of completion that includes the title of the learning activity/activities, the date(s) of attendance, and the number of seat hours awarded
- schedule/agenda with times, that includes the specific title of each session attended along with proof of registration (payment confirmation, registration confirmation email, etc.)



## CUSTOM PROFESSIONAL LEARNING ACTIVITY APPROVAL FORM (PRD-F005)

Name: \_\_\_\_\_ School/Site: \_\_\_\_\_

Activity Name: \_\_\_\_\_

Time or Timeframe for Activity: \_\_\_\_\_

Please mark where the PLA will occur: (mark one)    Within CMCSS: ☐    Outside CMCSS: ☐

### Part 1: Credit Hours– Type and Number

Type of Credit Requested: (Check one)		Number of Hours REQUESTED:		Number of Hours APPROVED:	
<input type="checkbox"/>	<b>In-service</b> (I will complete this activity outside the required workday.)				
<input type="checkbox"/>	<b>Training</b> (I will complete this activity during my workday.)				
<input type="checkbox"/>	<b>Combination of In-Service and Training</b> (I will complete this activity both during and after work hours.)	Training	In-Service	Training	In-Service
<input type="checkbox"/>	<b>TASL</b> (administrators only)				
<input type="checkbox"/>	<b>CEU</b> (Continuing Education Unit)				

### Part 2: PLA Description

Professional Learning Activity Plan
<b>Professional Growth Goal:</b> (What do you want to know or be able to do as a result of this PLA?)
<b>Area of Refinement (TEAM Category/Indicator):</b>
<b>Activity Description/Purpose:</b> (What exactly will you be doing during this PLA?)
<b>Expected Outcomes of This Activity:</b> (What specific professional knowledge or skills do you expect to gain from this PLA?)
<b>Application/Follow-up in your classroom or in your assignment:</b> (How do you envision applying this learning in your classroom? How will you use this to improve your instructional practice?)
<b>Implementation Plan:</b>
<b>Progress Monitoring:</b> (Identify how you will monitor your progress toward completing your goals throughout this year.)
<b>Evidence:</b> (Address the specific types of evidence you'll collect to demonstrate your success in accomplishing this goal.)
<b>Resources Needed:</b> (What resources will you use to complete your plan that are outside those Professional Learning Activities listed in PLAN (e.g. Time with Academic Coach/Consulting Teacher, PLC Participation, Model Teacher Observation, etc.)
<b>Signatures</b>

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal or Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_