

# Activity Proposal Professional Development Contact Hours

Part 1 - Complete Prior to Activity

Name:	Submission Date:
	Job Location:
Area of Licensure:	
Educator State ID:	Number of Contact Hours Requested
am seeking professional development contact	
Please select one. Refer to Contact Hours Option Grid for	-
National Board for Professional Teaching Stan	idards Certification
Professional Teaching Portfolio	
Publication of Original Work - I.e. book, journ	al, article, software, research, curriculum unit
Grant Writing	
Professional Committee	
Peer Coaching	
Resident Educator Mentor	
Cooperating Teacher for Student Teachers	
Curriculum and Course of Study development/	/revision
Develop Course Assessment (pre/post course)	i.e. SLO
School Improvement Initiatives	
Professional Reading/Study Group	
Professional Development Presenter	
Teaching a College Course/Adult Education C	ourse
Action Research	
Educational Project	
Educational Travel	

Description of Professional Development and Rationale for selecting this activity:

Individual Professional Development Plan goals applicable to this activity:

Select the Ohio Professional Development (PD) Standards you expect to address: *Select all that apply.* 

**Standard 1.** This PD will occur within a learning community committed to continuous improvement, collective responsibility, and goal alignment.

Standard 2. This PD will require me to develop capacity, advocate, and create support systems for professional learning.

Standard 3. This PD will engage me in prioritizing, monitoring and coordinating resources for educator learning.

**Standard 4.** This PD will engage me in using a variety of sources and types of student, educator and system data to plan, assess and evaluate professional learning.

Standard 5. This PD will integrate theories, research and models of human learning to achieve its intended outcomes.

Standard 6. This PD will apply research on change and sustain support for implementation of professional learning.

**Standard 7.** This PD will align its outcomes with educator performance and student curriculum standards. *You are required to provide evidence supporting your work. Check the documentation you will submit at the end of the activity.* 

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):

### Activity Proposal Review and Approval of Part 1 - LPDC Use ONLY -

Credit Activity Proposal [] Approved [] Revise/Resubmit Reasons for proposal not being approved:

[] Rejected

LPDC Chair Signature:\_

Date:\_\_\_\_\_

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## Activity Proposal - Proof of Completion Professional Development Contact Hours

Part 2 - Submit after Activity is complete.

Name:

#### Date(s) of the Professional Development:\_\_\_\_

Select the Ohio Professional Development (PD) Standards you addressed in this PD Experience and answer the questions. *Answer only those which apply to this PD Experience.* 

**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):

### Activity Proposal - Proof of Completion Review and Approval of Part 2 - LPDC Use ONLY -

Credit Activity Proposal [ ] Approved [ ] Revise/Resubmit Reasons for proposal not being approved:

[] Rejected

LPDC Chair Signature:\_\_\_\_\_

Date:

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