



Professional Development Approval Form

This is a fillable PDF form. For best results, download and complete using Adobe Acrobat. Email completed form to your supervisor.

Date of Request:

Type of request:

Name(s) of certified staff requesting approval:

LEARN: Take a class, complete a project

District-approved PD

College Credits

Action Research Project

Master's Program

TEACH: Teach a class for double PDHs

COORDINATE: Coordinate a class for +1 PDH

What is the name of your class/project/program?

If out-of-district professional development, what organization/university is providing it?

What is the start date and end date for your professional development? Start Date:

End Date:

How many PDHs per staff member are you requesting for professional development?

All hours must be completed outside of your scheduled work day.)

Describe your professional development. *Include additional documentation and web links as needed.*

What product will you create and/or how will this professional development help support district goals and initiatives?

What will your professional development do to enhance student learning/achievement?

Indicate which Wisconsin PI 34 Teacher Standards align with this professional development. *Select one or more.*

1. Teachers know the subjects they are teaching.

6. Teachers communicate well.

2. Teachers know how children grow.

7. Teachers are able to plan different kinds of lessons.

3. Teachers understand that children learn differently.

8. Teachers know how to test for student progress.

4. Teachers know how to teach.

9. Teachers are able to evaluate themselves.

5. Teachers know how to manage a classroom.

10. Teachers are connected with other teachers & the community.

If this is a proposal to teach or coordinate a class, please complete page 2.

If you are proposing to teach _____ a class, please complete this page. This information will be used to promote your class to staff. If you are unsure of any details at this time (date, time, location), you may leave those fields blank

Presenter:

Course Title:

Course Description:

Audience:

Date(s):

Time(s):

Location:

Maximum # of Attendees:

of PDHs for Attendees: