

Professional Learning and Growth Request Form (Out of District)

CIA-F404

Anson County Schools

Activity Lead/Requestor: _____

Date of Request: _____

Activity Type: Curriculum & Instruction _____ or Operations _____

(Attach description and details of activity, ie. brochure, email, agenda, etc.)

Activity No. _____

CO use only

Activity Name: _____

Date(s): _____

Location: _____

Time: _____

Please indicate: _____ Individual

Participant Name: _____

School: _____

or

_____ Group

No. of Participants: _____

(Attach List of Participant Names)

Part A. - To be completed prior to activity attendance.

[See Direct Supervisor to determine if not applicable. (NA)]

1) Aligned Strategic Commitment (S.C.) & Key Success Factor (KSF):

S.C.: _____

S.C.: _____

KSF: _____

KSF: _____

2) Identified school need based on A.P.T. and/or S.I.P.: _____

3) Request for Renewal Credit:

Activity Qualifies for Renewal Credit: Yes () or No ()

If yes, indicate the type to be awarded.

_____ Academic Subject Area, _____

_____ School Administrator, _____ Literacy, _____ General

CEU/5 Year Cycle = 7.5

K-12 Educators

1.0 Academic Subject Area

1.0 Literacy

5.5 General As of 7/1/11

School Administrators

3.0 NC School

Executive Standards

4.5 General

4) Expenses and Funding Source(s) indicated on the attached Prior Approvals: Yes () or No ()

(Prior Approval(s) and Stipend contract(s)(if funded) must be completed and attached for approval of activity.)

Approval Section:

P.L.G. Activity (Initial)

_____ Approved

_____ Not Approved

Selected Fund Source (Initial)

_____ Approved

_____ Not Approved

Renewal Credit (Initial)

_____ Approved

_____ Not Approved

Stipend (Initial)

_____ Approved

_____ Not Approved

Exec. Dir.: Teaching and Learning/Deputy Superintendent Signature or Designee

Date

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(Complete Part B. on reverse.) Anson County Schools

Part B. Complete and submit within 5 days of the PLG activity to office of Executive Director: Teaching and Learning or Deputy Superintendent.

1. Professional Learning and Growth Evaluation Form (CIA-F403)

(Consider these questions to help guide your answers:

What did I learn? & What are the implications to Anson County Schools?)

2. Submit packet of materials for review and determination of Target group for sharing.

(Power Point, agenda, etc.)

A request will be sent to participant(s) after review of materials for sharing of this Professional Learning if deemed necessary.

Supervisor's verification of review and sharing of monitoring plan for this Professional Learning and Growth Activity:

Supervisor's Signature: _____

Date: _____