

# 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	School Administrators
1.0 Academic Subject Area	3.0 NC School
1.0 Literacy	Executive Standards
5.5 General	4.5 General

As of 7/1/11

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)

Selected Fund Source (Initial)

Renewal Credit (Initial)

Stipend (Initial)

\_\_\_\_ Approved

\_\_\_\_ Approved

\_\_\_\_ Approved

\_\_\_\_ Approved

\_\_\_\_ Not Approved

\_\_\_\_ Not Approved

\_\_\_\_ Not Approved

\_\_\_\_ Not Approved

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

Date

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**(Complete Part B. on reverse.)**

**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:** \_\_\_\_\_