

Southern Local School District LPDC

Preapproval Form: To be submitted *prior* to engaging in PD

Name: <i>Middle School Teacher</i>	IPDP Approval Date: <i>12/18/2008</i>
Teaching/Work Assignment: <i>Grade 6 Science</i>	
District & Building/School Name: <i>Small Town Middle School</i>	
Date(s) of Professional Development: <i>1/20/2009 to 5/29/2009</i>	
Location of Professional Development: <i>Teacher's conference room</i>	
Title of Professional Development: (Specify) <i>Hands-On Learning in The Science Classroom</i>	
Type Select one or more as appropriate. <ul style="list-style-type: none"> <input type="checkbox"/> College/university course <input type="checkbox"/> Ongoing series of workshop sessions <input type="checkbox"/> Conference <input type="checkbox"/> Single workshop <input checked="" type="checkbox"/> Professional Learning Team/Community Involvement <input type="checkbox"/> Independent study/action research <input type="checkbox"/> Professional educational organization activities <input type="checkbox"/> District leadership team, LPDC, curriculum development, school improvement <input type="checkbox"/> Coaching/mentoring student teachers, new teachers or teachers in need <input type="checkbox"/> Other, not listed above: (Specify) _____ 	
Description of PD <i>Our PLT consists of the four 6th grade science teachers and the district's science coordinator. We meet for one hour on a weekly basis for 20 weeks. The focus of the PLT is to research and increase hands-on learning (experiments) in the 6th grade classroom. We also investigate ways to incorporate hands-on demonstrations for assessment purposes.</i>	
IPDP Goal(s) applicable to this PD <i>Goal 1</i> <i>Explore various assessment strategies so as to authentically assess my students' academic achievement and use this information to inform instruction.</i> <i>Goal 2</i> <i>Explore varied teaching strategies and methods so as to best meet the needs of each individual learner in my classroom.</i>	

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Number of contact hours: 20	Number of CEUs requested: 3 CEUs
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I am requesting CEUs beyond the contact hours as each PLT meeting includes assignments for each participant to be completed between meetings.

Signature of applicant _____ Date _____

DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.

Revise/Resubmit

Revision Advice:

-OR-

Approved as written

Approval Signature _____ Date _____