Rome City School
Professional Learning

PRIOR APPROVAL APPLICATION FOR PROFESSIONAL LEARNING UNITS

Persons applying for PLU approval are responsible for submitting all information requested below. No PLU prior approval form will be finalized until all requested information and documentation is submitted to the Rome City Schools' Professional Learning Office.

CHECK AS APPLICABLE and PROCEED AS DIRECTED

☐ I would like for a specific activity/course to be set up as a couse that provides PLU credit. (This course may be either a Rome City Schools system or school course **OR** a non-Rome city Schools course.) **PROCEED TO SECTION I**

☐ I am seeking permission to take a course for PLU credit that has already been set up as a course for PLU credit. I understand that I must attach to this application, a copy of the documentation that states that this course is being offered for PLU credit. (Not necessary for RESA or ETTC courses.) PROCEED TO SECTION II

SECTION I: Prior Approval to set up and count an activity/course for PLU credit.

1. This prior approval form must be redeived by the Professional Learning Coordinator **at least ten days prior** to the beginning of the activity.
2. The course must address an *identified need* in the school system.
3. The course must meet a **minimum of 10 clock hours**.
4. The course **must meet all rules and policies** of the Georgia Department of Education and the Rome City School System.
5. A **course syllabus and agenda must be submitted with** this request for prior approval for PLU credit.

SECTION II: Permission to take an already approved PLU course for credit. (Not necessary for RESA or ETTC courses.

1. This prior approval form must be redeived by the Professional Learning Coordinator **at least ten days prior** to the beginning of the activity.
2. The course must address an *identified need* in the school system.
3. The course must meet a **minimum of 10 clock hours**.
4. The course **must meet all rules and policies** of the Georgia Department of Education and the Rome City School System.
5. Attach documentation from the sponsoring agency that states the purpose and objectives of the course, the agenda, and the number of PLU credits being offered.

If application if for an individual, complete sections A & B.
If application is for a system couse, complete only section B.

SECTION A

NAME: _____
            (Last)   (First)   (Middle)

HOME ADDRESS: _____
                        (Street or PO Box)   (City, State, Zip)

CERTIFICATION TYPE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

SCHOOL: _____ POSITION: _____

HOME TELEPHONE NUMBER: _____

COURSE NAME: _____

Check the categories for which this PLU credit applies:
☐ Field(s) of Certification   ☐ School/System/Individual Improvement Plan

☐ Annual Personnel Evaluation   ☐ State/Federal Requirements

GO TO SECTION B

SECTION B

<u>Description of Course</u>

1. Program / Course Title: _____

2. Goals / Objectives Addressed: _____

   school year. _____

3. Describe how the goals will affect student achievement: _____

   _____

4. Improvement Practices (knowledge, skills, attitudes) to be developed of enhanced: _____

   _____

5. Performance Indicators

   As a result of this training, participants will: _____

   _____

6. Preparation Phase

   a. Dates and Time: _____ Total Hours: _____

   b. Instructor(s) and Qualifications: _____

   c. Location: _____

   d. Strategies: (ex. Lecture/demonstration, hands-on activities, field or group work, simulations, practicum, etc.

      Discussion and group work. _____

   e. If the application is for a course to be set up and counted for PLU, *a full syllabus and a complete agenda* must be attached.

      If the application is for a course that is already set up for PLU credit, *documentation* from the sponsoring agency must be attached that states purpose, goals and objectives, agenda, and the number of PLU's being

7. Verification of Completion (check type)

   a. X_____ Mastery verification will be signed by: _____

      Include a rationale for why this form of verification will be used.

      _____

   b. _____ On-the-job performance verification by: _____

8. Program Cost (If applicable): _____

   Instructional Materials (List materials needed & cost): _____

   _____

   Instructor's Salary: N/A _____

Submitted by: _____ Date: _____

Date approved: _____

Signature of Professional Learning Director: _____

☐ Approve course for PLU   ☐ Approve individual's participation

Approval by Professional Learning Advisory Committee: _____

   Approval Denied: _____

Submit Mastery Verification to Ms. Downer, Professional Learning, within one week after course completion.