

Teacher Professional Development Pre-approval Form for Lane Change

Name: _____ Today's Date: _____ # of Hours/Credits: _____

Name of PD: _____ Location/Institution: _____

Effective on contract: _____ School Year _____ Start Date: _____ End Date: _____

Employee-Paid Tuition District-Paid Tuition Tuition Not Applicable *Form Updated: April 4, 2018*

Please explain how the PD will address the following five areas in the rubric:

| Criteria | D | C | B | A |
|--|--|--|---|--|
| Degree to which this PD impacts student learning | This PD has no potential to impact student learning | This PD has some potential to impact student learning | This PD has high potential to impact student learning | This PD is research-based and will impact student learning daily |
| Degree to which this PD directly relates to curricular area | This PD is not related to the curricular area | This PD has some ties to the curricular area | This PD will be used in the majority of the curricular area | This PD will be used in the curricular area on a daily basis |
| Degree to which this PD directly impacts instruction | This PD will not impact instruction | This PD has some potential to impact instruction | This PD has a high potential to impact instruction | This PD is research-based and will impact instruction on a daily basis |
| Potential to share PD material with colleagues | It is impossible to share the information from this PD with others | It is somewhat possible/likely to share with others | There is a good possibility that this learning will be shared with colleagues | The information learned at this PD will be shared with colleagues |
| Degree to which this PD falls outside the regular school work day | This PD takes place during times when school is in session | This PD takes place during times that are partially outside the school day | This PD takes place during times that are mostly outside the school day | This PD takes place completely outside the school day |

Supervisor Signature: _____

Approved: _____ Not Approved: _____

District Administrator Signature: _____

Date: _____