

Appendix D

Champlain Valley Regional Standards Board PROFESSIONAL DEVELOPMENT ACTIVITY FORM

Name _____ Administrative Position _____

District _____ License Expiration Date _____

Endorsements Held _____

Endorsements to which this activity applies _____

Please check the activity for which you are requesting credit. Number of Credits _____

- | | |
|--|---|
| 1. ____ Academic Course | 2. ____ Workshop/Training/Conference/Seminar |
| 3. ____ Designing/Developing/Presenting/Teaching Courses, Workshops, Conferences | 4. ____ Applied experience in content area through employment, internship, educational travel or volunteer service. |
| 5. ____ Local school/district activities or action research/reform projects. | 6. ____ State education activities or reform projects/committees. |
| 7. ____ Institutions of higher education reform-Partnerships with K-12 schools. | 8. ____ Educational research and publication |
| 9. ____ National Board for Professional Teaching | 10. ____ Industry Credentials(e.g. EMT or CDL add-ons) |
| 11. ____ Mentor to a new teacher | 12. ____ Clinical CEUs for other required professional licenses |
| 13. ____ Peace Corps experience | 14. ____ School-business/industry partnership initiatives or School-community partnership initiatives |
| 15. ____ Other _____ | |

Complete 1 - 4:

1. Name/Title of Activity _____
2. Sponsoring Institution (if applicable): _____
3. Please explain how this activity is connected to your IPDP Goals:

Portfolio Connections

For Final Approval of professional development activity(to be submitted upon completion of activity)

- 4. Attach appropriate documentation (transcript, grade report, certificate of attendance, etc.) See VSBPE policy on Activities that Qualify for Professional Development Credit. These will all serve as Artifacts for your Portfolio.
- 5. The impact of this professional development upon your practice must be incorporated into the Reflective Narrative about your goal required as part of your Portfolio.
- 6. Additional Documentation.
- 7. Date of completion. _____

Administrator Signature _____

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PLEASE NOTE: Final approval must be accomplished within one year of the date of completion.
If additional time is needed a written request must be made to your District Representative.

π FINAL APPROVAL

These credits to be applied to the: Current Licensing Period 9 Next Licensing Period 9

_____		_____	
Name of Zone Chair		Hours/Credits Approved	
<u>Action</u>		<u>Date</u>	
Documentation Needed	_____		_____
Final Approval	_____		_____

Signature of Zone Chair			