

Instructional Supports Department
9361 S 300 E Sandy, UT 84070
O: 801-826-5045 | F: 801-826-5056

Professional Learning & Development Application

Professional Learning and Development should:

- *Reflect the Professional Development Standards related to content, process and context and the Utah Professional Standards for Teachers;*
- *Support the continuing development of professional learning communities;*
- *Be ongoing and aligned with educator's academic assignment (e.g. peer coaching, mentoring, classroom walk-through, teacher/staff collaboration);*
- *Focus on evidence-based instruction; and make on-going reflection on school/student data a part of professional learning.*

Professional Activities

Please check appropriate box; see Professional Learning Activities document for descriptions and additional project specific requirements

<input type="checkbox"/> College/University Course	<input type="checkbox"/> Action Research	<input type="checkbox"/> Online Study (e.g. Massive Open Online Course (M.O.O.C.))	<input type="checkbox"/> Individual Request (State/National Conferences)
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Name: _____

Cactus #: _____ (Please attach your Cactus record including license and endorsements)

School: _____ Grade/Subject: _____

Home Address: _____

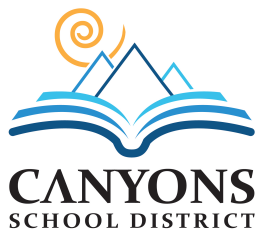
City: _____ State: _____ Zip: _____

Home Phone: _____ School Phone: _____

Email: _____

Proposed Start Date: _____ Proposed End Date: _____

Estimated Number of Hours of Project: _____



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Outline your plan for the proposed professional learning activity. Specifically, describe how this plan is an extension beyond the scope of your current responsibilities.

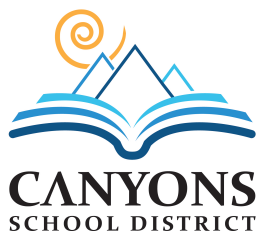
How will this professional learning experience impact student achievement?

How will you demonstrate:

- Your learning and professional growth?
- Impact on student achievement?

What School or Departmental goals are being addressed with the proposed activity?

What support will you need from your current supervisor and/or the District?



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Applications are due on the last Wednesday of each month. Applications will be reviewed on the first week of each month with the exception of June, July and August.

Be sure to include all other required documentation for the selected activity. Incomplete applications will not be reviewed.

Applicant

Date

Principal/Supervisor

Date

FOR OFFICE USE ONLY

Application received: _____

Application reviewed: _____

- ☐ Approved
- ☐ Not Approved
- ☐ Approved with conditions. List conditions.

Applicant notified of status: _____

LPIC Committee Signature

of credit(s) awarded

LPIC reasons for approved/not approved: