

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 \_\_\_\_\_

**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.

**FINAL APPROVAL**

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

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

\_\_\_\_\_  
Signature of Zone Chair