

Putnam County School Board

PROFESSIONAL DEVELOPMENT INSTRUCTION PLAN

In order for our district to provide highly effective professional development for our personnel, we request that the following information and process be included in the instructional plan for the training you will provide in our district. Please contact our office at 386-329-0632 or email khager@putnamschools.org if you have questions or concerns.

The form may be faxed to 386-329-0526, attention Karen. We request this information prior to the training you will conduct. Thank you for helping us implement best practices in professional development.

Consultant or Organization Name:	Email Address:
Address:	Social Security Number or Federal ID Number: (Only if the District is paying consultant or organization directly.)
Telephone:	Workshop Name: Date: Location:

1. Please list the major learning objectives for teacher participants in this training:
2. Please list the major student achievement or learning outcomes to be expected when teachers implement this training in the classroom:

3. Please place an "x" or highlight in bold to indicate the learning strategies you will use in this training:

_____ **Presentation of research/new skills.**

_____ **Modeling and demonstration of effective teaching practices/new skills during training.**

_____ **Participant practice and feedback with teaching practices/new skills during training.**

_____ **Planning for use of new information or skills after training (transfer of professional development to classroom application with students).**

_____ **Other, please describe:**

4. Please describe the technology tools you will use in your training presentation: (i.e. PowerPoint, video, calculators, computer, Palm Pilot or similar hand-held device).

5. Please describe at least one follow-up assignment, project or activity that we may require of participants, in order to demonstrate practice and use of the knowledge and skills learned in training to instruct students in the classroom (or applicable setting):

What is a reasonable estimate of the number of hours needed to complete this assignment, activity or project?

6. Please list an email address or website for participants to contact you for follow-up coaching, assistance and questions: (The duration of this access will be specified to participants, compensation negotiated).

7. Please suggest methods by which teachers could identify the effect of this training on student learning/achievement through pre-post measures: (i.e. Performance rubric, teacher-constructed checklist or quiz, observation data, use of text-based tests, other available measures such as:

Please note that participants will turn in follow-up to the consultant who is responsible for signing that the hours reported in follow-up activities are valid. This is for auditing purposes.