

## Symmest Valley Local School District

### Preapproval Form: To be submitted *prior to* engaging in PD

<b>Name:</b>	<b>IPDP Approval Date:</b>
<b>Teaching/Work Assignment:</b>	
<b>District &amp; Building/School Name:</b>	
<b>Date(s) of Professional Development:</b>	
<b>Location of Professional Development:</b>	
<b>Title of Professional Development: (Specify)</b>	
<b>Type</b> Select one or more as appropriate. <ul style="list-style-type: none"><li><input type="checkbox"/> College/university course</li><li><input type="checkbox"/> Ongoing series of workshop sessions</li><li><input type="checkbox"/> Conference</li><li><input type="checkbox"/> Single workshop</li><li><input type="checkbox"/> Professional Learning Team/Community Involvement</li><li><input type="checkbox"/> Independent study/action research</li><li><input type="checkbox"/> Professional educational organization activities</li><li><input type="checkbox"/> District leadership team, LPDC, curriculum development, school improvement</li><li><input type="checkbox"/> Coaching/mentoring student teachers, new teachers or teachers in need</li><li><input type="checkbox"/> Other, not listed above: (Specify)_____</li></ul>	
<b>Description of PD</b>	
<b>IPDP Goal(s) applicable to this PD</b>	

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Number of contact hours	Number of CEUs requested
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**Please turn to page entitled “Evaluation of Approved PD” and check the box or boxes in front of the PD standards you expect to address in this PD experience. Refer to *Organizing for HQPD* [available on [this page](#) ]. See the IPDP Rubric on pages 25-31 to gauge the alignment.**

**Signature of applicant** \_\_\_\_\_  
**Date**\_\_\_\_\_

**DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.**

☐ **Revise/Resubmit**  
**Revision Advice:**

**-OR-**

☐ **Approved as written**

**Approval Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_

## Symmest Valley Local School District

### Evaluation of Approved Professional Development [To be completed *after* the PD experience]

**Directions:** Complete sections I and II.

#### I. Alignment to Ohio Professional Development Standards.

Answer only those which apply to this PD experience. Refer to *Organizing for HQPD* [available at [this page](#)]. See the IPDP Rubric on pages 25-31 to formulate your responses.

☐ **Standard 1:** How is this PD purposefully structured to occur over time?

☐ **Standard 2:** What data sources guided you toward this PD?

☐ **Standard 3:** How does the PD include opportunities for collaboration?

☐ **Standard 4:** How did the PD include varied learning experiences to accommodate adult learning needs?

☐ **Standard 5:** Evaluate the PD as to its short- and long-term impact. Be as specific as possible.

☐ **Standard 6:** How did the PD result in the acquisition, enhancement or refinement of skills & knowledge? Be specific.

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**II. Identify and attach documentation to evidence completion of the PD experience.**

**Submitted documentation: (Check all that apply.)**

- ☐ Certificate of attendance
- ☐ Reflection journal
- ☐ Time log
- ☐ Agenda with specific dates & times
- ☐ Conference program with attended sessions identified
- ☐ Transcripts or grade reports
- ☐ Original work related to PD: portfolio, lesson plans, curriculum documents, grants, academic articles, etc.
- ☐ Other: (Specify) \_\_\_\_\_

**DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.**

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☐ **Revise/Resubmit**

### Revision Advice:

[illegible]

**-OR-**

- ☐
- Approved as written**

# Symmest Valley Local School District

Approval Signature\_\_\_\_\_

Date\_\_\_\_\_