

Professional Development Activity Approval

_____ Board

Name: _____ Position: _____

School: _____ Level: _____

Endorsement(s) held: _____ License Expiration Date: _____

Endorsement(s) to which this activity applies: _____

Name/title of activity: _____

Sponsoring Institution (if applicable): _____

Please check the activity for which you are requesting (#) _____ relicensing hours/credits.
(See VSBPE Policy on Activities that Qualify for Professional Development Credit for limitations and documentation requirements.)

- | | |
|---|---|
| 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 NBPTS certification program | 10. _____ Industry credentials (e.g. EMT or CDL add-ons) |
| 11. _____ Peace Corps Experience | 12. _____ Clinical CEUs for other required professional licenses |
| 13. _____ School-business/industry or school-community partnership initiative | 14. _____ Participation in Mentoring Program as a mentor or a mentee |
| 15. _____ Other: _____ | |

Complete 1-3 for Optional Prior Approval:

1. Expected date of completion: _____ Anticipated hours: _____
Documentation to follow: (transcript, grade report, certificate of attendance)
Other: _____
2. Attach a description of this activity.
3. How does the activity connect to your IPDP goal(s) and what are the expected outcomes?

Complete 1-2 for Final Approval:

1. Submit appropriate documentation (transcript, grade report, certificate of attendance, etc.) (These will serve as artifacts in your portfolio)
2. Submit a brief narrative of how this activity related to your IPDP goal(s) and improved your teaching practice and student learning or is expected to improve practice and student learning.

** Educators are **strongly encouraged** to submit documentation upon completion of activity or within **one** year of completion of an activity.

Portfolio connections

The impact of this professional development upon your practice must be incorporated into the reflective narrative about your goal as required as part of your portfolio.

Optional Prior Approval: _____

Board Chairperson

Hours/Credits

Date

Final Approval: _____

Board Chairperson

Hours/Credits

Date