

**PRE-APPROVAL & POST EVALUATION FORM
FOR PROFESSIONAL DEVELOPMENT
Zanesville City Schools**

(To be completed PRIOR to engaging in PD)

Name:	IPDP Approval Date:
Teaching/Work Assignment:	Building:
Title of PD:	Location of PD:
<p>1. Select one or more as appropriate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> University Course <input type="checkbox"/> Single workshop <input type="checkbox"/> On-going series of workshop sessions <input type="checkbox"/> Conference <input type="checkbox"/> Community Involvement <input type="checkbox"/> Independent study/ Action research <input type="checkbox"/> Professional educational organization activities <input type="checkbox"/> Other:(specify) _____ 	
2. Description of PD:	
<p>3. IPDP Goal(s) applicable to this PD. Refer to the Quick Reference Guide Ohio Standards for Professional Development, pp. 2-3, to review the core elements of each standard.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Standard 1: PD occurs within a learning community committed to continuous improvement, collective responsibility & goal alignment. <input type="checkbox"/> Standard 2: PD requires you to develop capacity, advocate, & create support systems for professional learning. <input type="checkbox"/> Standard 3: PD engages you in prioritizing, monitoring & coordinating resources for educator learning. <input type="checkbox"/> Standard 4: PD engages you in using a variety of sources & types of student, educator & system data to plan, assess & evaluate professional learning. <input type="checkbox"/> Standard 5: PD integrates theories, research & models of human learning to achieve its intended outcome. <input type="checkbox"/> Standard 6: PD applies research on change & sustain support for implementation of professional learning. <input type="checkbox"/> Standard 7: PD aligns its outcomes with educator performance & student curriculum standards. 	
Number of contact hours:	Number of CEUs requested:

Signature of Applicant: _____ Date: _____

FOR LPDC USE ONLY.

Select one:

- Approved as written.*
- Revise/ Resubmit:*

Revision advice:

Approval Signature: _____ *Date:* _____

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(To be completed AFTER the PD Experience)

- A. Refer to **Section 3: IPDP goal(s) applicable to this PD** which you completed on the front side of this form. For each of the standards you selected, describe how the professional development added to your knowledge and skills.

- B. Attach documentation to evidence completion of the PD experience.

Check all that apply:

- Certificate of Attendance
- Reflection Journal
- Time Log
- Agenda with specific dates and 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): _____

FOR LPDC USE ONLY.

Select one:

- Approved as written.*
- Revise/ Resubmit:*

Revision advice:

Approval Signature: _____ *Date:* _____