

Wellington Exempted Village Schools
Professional Development Pre-approval Form

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

Name:	*IPDP Approval Date:
Teaching/Work Assignment:	
District & Building/School Name:	
Date(s) of Professional Development:	
Location of Professional Development:	
Title of Professional Development: (Specify & include a copy of flyer/course description)	
<p>Type Select one or more as appropriate.</p> <ul style="list-style-type: none"> <input type="checkbox"/> College/university course <input type="checkbox"/> Ongoing series of workshop sessions <input type="checkbox"/> Conference <input type="checkbox"/> Single workshop <input type="checkbox"/> Professional Learning Team/Community Involvement <input type="checkbox"/> Independent study/action research <input type="checkbox"/> Professional educational organization activities <input type="checkbox"/> District leadership team, LPDC, curriculum development, school improvement <input type="checkbox"/> Coaching/mentoring student teachers, new teachers or teachers in need <input type="checkbox"/> Other, not listed above: (Specify) _____ 	
Description of PD	
IPDP Goal(s) applicable to this PD	
<p>Check One:</p> <p>_____ Graduate Course - Semester Hours _____</p> <p>_____ Workshop - # of clock hours of workshop instruction _____ CEUs _____</p> <p>_____ Other Activity - # of clock hours _____ CEUs_____ Name & signature of person who will oversee "Other Activity" _____</p>	

Signature of applicant _____ **Date** _____

***You must have a current IPDP in place for your hours to count toward a renewal of your license.**

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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](#). See the IPDP Rubric on pages 25-31 to gauge the alignment.

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

Revise/Resubmit

Revision Advice:

-OR-

Approved as written

Approval Signature _____ **Date** _____

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Evaluation of Approved Professional Development

[Only check the boxes next to the standards you expect to complete with this PD experience **prior** to taking the Professional Development activity. You will answer the other questions **after** you have completed 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](#). See the IPDP Rubric on pages 25-31 to formulate your responses.

<input type="checkbox"/> Standard 1: How is this PD purposefully structured to occur over time?
<input type="checkbox"/> Standard 2: What data sources guided you toward this PD?
<input type="checkbox"/> Standard 3: How does the PD include opportunities for collaboration?
<input type="checkbox"/> Standard 4: How did the PD include varied learning experiences to accommodate adult learning needs?
<input type="checkbox"/> Standard 5: Evaluate the PD as to its short- and long-term impact. Be as specific as possible.
<input type="checkbox"/> Standard 6: How did the PD result in the acquisition, enhancement or refinement of skills & knowledge? Be specific.

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) _____

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