



Office of Professional Learning

2023-2024 PLE Request Form



Step 1: Complete the PLE Request below.

Step 2: Submit the PLE Request to SBPT, PBPT, or Director for approval.

Step 3: Submit the approved PLE Request to TrueNorthLogic@rcsdk12.org *at least 2 weeks before the course start date.*

Step 4: Approval from JPLC/OPL is REQUIRED **before** building the course in TrueNorthLogic.

*** Be sure to complete the form accurately and follow all steps carefully in order for the request to be approved. ***

School, Program, or Department Name: Choose Item

Course Title: Click or tap here to enter text. (Example: SCH01_Engaging Students)

Union of Target Audience: Choose Item

Target Audience: Click or tap here to enter text. (Example: 9-12 teachers or All)

Credit Types(s): **PLI (Professional Learning Incentive)**
 CTLE (Continuing Teacher Leader Education)
 Both

Total Number of Hours: Choose Item

Area of Activity: **Pedagogy (The Method and Practice of Teaching)**
 Content (The Material and Information used in Teaching)
 English Language Learners (The Course Content must be at least 50% focused on ELL)

*** Be sure to thoroughly answer ALL bulleted questions/prompts in each section. ***

ENGAGEMENT

Course Description:

- Who is the intended audience?
- What content area will be addressed?
- What are the learning outcomes/goals?
- What new knowledge will participants receive?
- What will participants do (activities)?
- What research-based materials will be utilized?
- What engagement strategies will be implemented?

**** PARTICIPANTS MUST ATTEND 100% OF ALL SESSIONS IN A SERIES TO RECEIVE FULL CREDIT! ****

Click or tap here to enter text.

APPLICATION

- How does this professional learning experience connect to school/program commitments and goals and/or district priorities? ***Please be specific.***

Click or tap here to enter text.

- Describe the intended impact this professional learning experience will have on instructional practices ***AND*** student achievement.

Click or tap here to enter text.

ASSESSMENT

- Describe the ***measurable*** evidence/data that will be collected to determine if the learning outcomes for the course are met.
- What is the follow-up to this professional learning? ***Please be specific.***

Click or tap here to enter text.

*** IT IS REQUIRED THAT EVIDENCE BE RETAINED FOR 7 YEARS FOR PROFESSIONAL LEARNING REVIEW PURPOSES. ***

COURSE ALIGNMENTS: Danielson Domains/Components (Check all that apply)

Domain 1: Planning and Preparation

- (1a) Demonstrating Knowledge of Content and Pedagogy
- (1b) Demonstrating Knowledge of Students
- (1c) Setting instructional Outcomes
- (1d) Demonstrating Knowledge of Resources
- (1e) Designing Coherent Instruction
- (1f) Designing Student Assessments

Domain 3: Instruction

- (3a) Communicating with Students
- (3b) Using Questioning and Discussion Techniques
- (3c) Engaging Students in Learning
- (3d) Using Assessment in Instruction
- (3e) Demonstrating Flexibility and Responsiveness

Domain 2: Class Environment

- (2a) Creating an Environment of Respect and Rapport
- (2b) Establishing a Culture for Learning
- (2c) Managing Classroom Procedures
- (2d) Managing Student Behavior
- (2e) Organizing Physical Space

Domain 4: Professional Responsibilities

- (4a) Reflecting on Teaching
- (4b) Maintaining Accurate Records
- (4c) Communicating with Families
- (4d) Participating in a Professional Community
- (4e) Growing and Developing Professionally
- (4f) Showing Professionalism

COURSE DETAILS:

Class Level: Choose Item

Professional Learning Model: Choose Item

Substitutes have been provided for participants: Choose an item.

Location: Choose Item **(Use of OPL Rooms at Hart Street require a Room Reservation Request)**

Room Number: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

MICROSOFT TEAMS (ZOOM link for outside presenters) INFORMATION: VIRTUAL COURSES ONLY
Please DO NOT submit a PLE Request without this information for online courses.

Microsoft Teams Link: Click or tap here to enter text.

Meeting ID: Click or tap here to enter text.

Password: Click or tap here to enter text.

INSTRUCTOR/GUEST PRESENTER:

**** An INSTRUCTOR OR GUEST PRESENTER must be included for the course. ****

Complete ONLY if the instructor is an RCSD EMPLOYEE.

Instructor(s) Name: Click or tap here to enter text.

Instructor(s) Email: Click or tap here to enter text.

Instructor(s) Phone Number: Click or tap here to enter text.

Complete ONLY if the instructor is a GUEST PRESENTER.

Guest Presenter(s) Name: Click or tap here to enter text.

Guest Presenter (s) Email: Click or tap here to enter text.

Guest Presenter (s) Phone Number: Click or tap here to enter text.

COURSE CONTACT INFORMATION:

**** Course Contact MUST BE an RCSD Employee. ****

Contact Name: Click or tap here to enter text.

Contact Email: Click or tap here to enter text.

Contact Phone Number: Click or tap here to enter text.

SECTION DATES & TIMES:

Registration End Date: Click or tap to enter a date.

Maximum Number of Participants: Click or tap here to enter text.

Allow Wait List: Choose Item

Wait List Cut-Off Date: Click or tap to enter a date.

Section Date: Click or tap to enter a date.

Section Time (Start-End): Click or tap here to enter text. **Section Date:** Click or tap to enter a date.

Section Date: Click or tap to enter a date.

Section Time (Start-End): Click or tap here to enter text. **Section Date:** Click or tap to enter a date.

Section Date: Click or tap to enter a date.

Section Time (Start-End): Click or tap here to enter text. **List Additional Section Dates & Times:**

Section Date: Click or tap to enter a date.

Section Time (Start-End): Click or tap here to enter text. Click or tap here to enter text.

Section Dates/Times Notes: Click or tap here to enter text.

APPROVAL SIGNATURES: **PBPT (Program Based Planning Team)** **SBPT (School Based Planning Team)** **Department**

If this request is for one participant, please provide the participant's name: Click or tap here to enter text.

Name: Click or tap here to enter text.	Name: Click or tap here to enter text.
Title: Click or tap here to enter text.	Title: Click or tap here to enter text.
Signature: _____ Date: _____	Signature: _____ Date: _____
Virtual Signature: Click or tap here to enter text. Date: Click or tap to enter a date.	Virtual Signature: Click or tap here to enter text. Date: Click or tap to enter a date.
Name: Click or tap here to enter text.	Name: Click or tap here to enter text.
Title: Click or tap here to enter text.	Title: Click or tap here to enter text.
Signature: _____ Date: _____	Signature: _____ Date: _____
Virtual Signature: Click or tap here to enter text. Date: Click or tap to enter a date.	Virtual Signature: Click or tap here to enter text. Date: Click or tap to enter a date.
Name: Click or tap here to enter text.	Name: Click or tap here to enter text.
Title: Click or tap here to enter text.	Title: Click or tap here to enter text.
Signature: _____ Date: _____	Signature: _____ Date: _____
Virtual Signature: Click or tap here to enter text. Date: Click or tap to enter a date.	Virtual Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

IMPORTANT REMINDERS:

- 2023-2024 Professional Learning cycle begins **Monday, June 26, 2023**.
- Last date for 2023-2024 courses is **Tuesday, June 4, 2024**.
- Surveys must be completed by **Friday, June 7, 2024 by 4:00PM**.
- A single course **cannot** exceed a total of 20 credit hours.
- One-hour sessions are only allowed if part of a professional learning series.
- Attendance is required to be recorded in TrueNorthLogic and submitted to OPL (via email) at TrueNorthLogic@rcsdk12.org within **5 days after each meeting date**.

****FOR OFFICIAL OFFICE USE ONLY****

 DEI (DIVERSITY, EQUITY AND INCLUSION)