



Self-Directed Professional Development Activity Application Form

Directions: This form is to be completed by a teacher who will be engaging in alternate Professional Development activity on a regularly scheduled Professional Development Day.

One hard copy of the completed application shall be given to the school's PRNTA Pro-D representative. The Pro-D rep shall collect and forward the applications to the PRNTA Pro-D chairperson in enough time for review and approval.

Email to Megan Jesperson mjesperson@prn.bc.ca or jespersion.megan@gmail.com

Teacher name: _____

School: _____

Date of Activity: _____

In accordance with the BCTF Professional Development Lens, please consider the following key criteria for professional development.

Relevance: Does this activity help me improve the work I do in my role as a teacher?

Does this activity help the teachers involved improve the work they do as a collective?

Autonomous: Has this activity been voluntarily chosen?

Does this activity jeopardize the autonomy of my colleagues?

Responsible: Does this activity meet obligations to colleagues, collective agreements, and our profession?

In light of the above criteria, please provide a brief description of your proposed activity:

Date Submitted: _____

Activity Approved _____

Activity Not Approved _____

PRNTA ProD Chairperson's signature _____