

Request for Professional Development Education Points

Name

Social Security Number

Building

Request Date

Title of Professional Development Activity

Date of Activity

Individual Professional Development Plan Goal Addressed:

Indicate by checking the type of points desired, then describe the activity by answering the question that relates to the level for which you are requesting points:

- Service to the Profession**
What services have I provided that has enhanced my knowledge or the knowledge of others? *(You must answer at least one of the bulleted questions below)*
- How did you help other professionals acquire proficiency in content?
 - How did you help other professionals acquire proficiency in instruction?
 - How was your service directly related to the licensure of educators?
 - How was your service directly related to a professional organization(s)?
- Knowledge:**
What do I know now that I didn't know before?
- Application:**
What am I doing now that I wasn't doing before?
- Impact:** *Points awarded according to impact described in a or b*
- a. What improvements in student learning have occurred as a result of my application of knowledge learned?
 - b. What changes have occurred in school/district program or among colleagues as a result of my application of knowledge learned?

Indicate the number of points requested in the column to the right:

Service to the Profession: One point per clock hour (No Application or Impact points awarded)	<input style="width: 50px; height: 20px;" type="text"/>
Knowledge Level: One point per clock hour (This establishes your base points for Application and Impact Levels)	<input style="width: 50px; height: 20px;" type="text"/>
Application Level: Two X's the number of knowledge level points (Attach appropriate required verification)	<input style="width: 50px; height: 20px;" type="text"/>
Impact Level: Three X's the number of knowledge level points (Attach appropriate required verification)	<input style="width: 50px; height: 20px;" type="text"/>

Indicate (X) the appropriate area

Content Endorsement Standards (C) _____
 Professional Education Standards (PE) _____
 Service to the Profession (SP) _____

College or University Credit? (X)

(Attach appropriate verification of course completion)

Applicant

Date

Supervisor

Date

Professional Development Council

Date

BOE President

Date

ESC-45

Total Points Awarded

Cooperative Office Use Only

Date Received _____

Computer Entry _____