

NEWFIELD CENTRAL SCHOOL DISTRICT
PROPOSAL FOR IN-HOUSE PROFESSIONAL DEVELOPMENT ACTIVITY

Name of requester _____ Position _____

Title of Workshop or Activity _____

Instructor _____

Activity is for ___ District ___ Elem ___ MS ___ HS Max # of Participants _____

Description of Workshop or Activity:

"Participants will learn _____

Date of session _____ Time of session _____ Location of session _____

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Check one: CTLE _____ Non-CTLE _____

If CTLE, check one: ELL _____ Content _____ Pedagogy _____

Goals and/or Objectives (from MLP):

___ Classroom Management ___ Compliance with NYSED ___ Improving Instruction
___ Team Building ___ ELA Improvement ___ Math Improvement
___ Technology Integration ___ Other

Standards (from MLP):

___ Assessment of Student Learning ___ Content and Instructional Planning
___ Instructional Practice ___ Learning Environment
___ Professional Growth ___ Professional Responsibility and Collaboration
___ Students and Learning

Approved – will be added to MLP

Not approved Reason: _____

Superintendent's Signature _____ Date _____