Guidelines for Requesting Funds from District PDC

Special Projects Check Sheet

Before submitting your Professional Development Activity Request forms, please check for completion of the following items. Please submit this Special Projects Check sheet when requesting Professional Development funds.

<u>~</u>	Complete Professional Development Activity Request forms					
	Attach authorized leave form(s) if applicable					
<u>'</u>	Attach explanation or flyer of the conference or workshop explaining the purpose					
<u> </u>	Check fund sources from building or department before sending to the District PDC building					
	department					
	Were you able to attain any funds? Please list the amounts you received.					
	\$_699.00 building					
	\$ 0.00 department					
· ·	Please send Professional Development Activity Request forms to the Directors of Special Projects, Annette Martin or Emily Heflin at Luff Elementary, prior to the last day of the month.					
<u>~</u>	Have you accessed these special funds before? This school year? Please explain. Yes, \$338.22 for our counselor to attend the Missouri State Counselors conference.					
· · ·	Completed Special Projects Check Sheet					

Thank you!

Professional Development Activity Request

ivity Request submitted k	y: Sarah Schraml	Santa Fe Trail
•	(name)	(school)
ivity aligns with:	4.4 Alian austiculum to state and notic	anal atandarda Ptandard 1 1 1
^ District CSIP Goa	al: 1.1 Align curriculum to state and nation	onal statualus otanualu 1.1.1
X Building SIP Goa	Santa Fe Trail will increase the academic standa	and point score to 16 academic points for math (MSIP)
ivity Focus Area(s):		
Literacy At-risk	Curriculum X Mathematics	Technology X Instructional Strategies/Improvement
ACTION	iviatricinatics	instructional strategies/improvement
nding Source(s):	Approved	by: (Both the PD rep and principal must sign)
Building	Rida	PD ren Denise Kimbrough Call Set Suuttinan
Department Dept. name	Bldg	PD rep Denise Kimbroun PO PD rep Denise Kimb
Special Projects (District PD fu	unds)	
		<u> </u>
**************************************	·	**************************************
	Professional Develop	oment Activity Description
		on in Kansas City. This math conference will offer break-
		crease achievement in problem solving and number sense
ation Westin Crown Center K	ansas City, MO Date of act	ivity July 11-13
.:.: Sarah Schra	ml. Autumn Dickson Jenny Holtcamp. (Gina Thomas
ticipant names Sarah Schra	ml, Autumn Dickson, Jenny Holtcamp, G	Gina Thomas
ticipant names Sarah Schra	ml, Autumn Dickson, Jenny Holtcamp, (Gina Thomas
ticipant names Sarah Schra	ml, Autumn Dickson, Jenny Holtcamp, (Gina Thomas
	ml, Autumn Dickson, Jenny Holtcamp, (
Substitute Salary		Required Forms (Must be attached to this request)
Substitute Salary Substitute costs (\$95 per d	ay w/benefits)	Required Forms (Must be attached to this request) Authorized Leave Form *
Substitute Salary Substitute costs (\$95 per d	ay w/benefits) 	Required Forms (Must be attached to this request)
Substitute Salary Substitute costs (\$95 per d	ay w/benefits) 	Required Forms (Must be attached to this request) Authorized Leave Form *
Substitute Salary Substitute costs (\$95 per d 0.0 x 0.0 # of subs # of days	ay w/benefits) 	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant)
Substitute Salary Substitute costs (\$95 per d 0.0 X 0.0 # of subs # of days Staff compensation	ay w/benefits) X 95.00 = \$0.00 \$95.00 Total	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet
Substitute Salary Substitute costs (\$95 per d 0.0 X 0.0 # of subs # of days	ay w/benefits) X 95.00 = \$0.00 \$95.00 Total	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant)
Substitute Salary Substitute costs (\$95 per d 0.0 X 0.0 # of subs # of days Staff compensation Stipend (\$25 per hour w/be	ay w/benefits) X 95.00 = \$0.00 \$95.00 Total	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet
Substitute Salary Substitute costs (\$95 per d 0.0	ay w/benefits) X 95.00 = \$0.00 \$95.00 Total	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant)
Substitute Salary Substitute costs (\$95 per d 0.0 X 0.0 # of subs # of days Staff compensation Stipend (\$25 per hour w/be Purchased Services Airfare (total \$)	ay w/benefits) X 95.00 = \$0.00 \$95.00 Total nefits) 0.00	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form
Substitute Salary Substitute costs (\$95 per do 0.0 x 0.0 # of days # of subs # of days Staff compensation Stipend (\$25 per hour w/be) Purchased Services Airfare (total \$) Registration* (Total amount)	ay w/benefits) X 95.00 = \$0.00 \$95.00 Total nefits) 0.00 0.00 2,796.00	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registrations.
Substitute Salary Substitute costs (\$95 per d 0.0	ay w/benefits) X 95.00 = \$0.00 \$95.00 Total nefits) 0.00	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registratic Travel Request/Reimbursement Form ** Please include copy of registratic Travel Request/Reimbursement Form ** Please include copy of registratic Travel Request/Reimbursement Form ** Please include copy of registratic Travel Request/Reimbursement Form ** Please include copy of registratic Travel Request/Reimbursement Form ** Please include copy of registratic Travel Request/Reimbursement Form ** Please include copy of registratic Travel Request/Reimbursement Form ** Please Include Copy of Registratic Travel Request/Reimbursement Form ** Please Include Copy of Registratic Travel Request/Reimbursement Form ** Please Include Copy of Registratic Travel Request/Reimbursement Form ** Please Include Copy of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Travel Request/Reimbursement F
Substitute Salary Substitute costs (\$95 per d 0.0	ay w/benefits) X 95.00 = \$0.00 \$95.00 Total nefits) 0.00 2,796.00 0.00	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registratic Travel Request/Reimbursement Form **You will need to make your own hotel reservations.
Substitute Salary Substitute costs (\$95 per do 0.0 x 0.0 # of days # of subs # of days Staff compensation Stipend (\$25 per hour w/be) Purchased Services Airfare (total \$) Registration* (Total amount)	ay w/benefits) X 95.00 = \$0.00 \$95.00 Total nefits) 0.00 0.00 2,796.00	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registratic Travel Request/Reimbursement Form ** Please include copy of registratic Travel Request/Reimbursement Form ** Please include copy of registratic Travel Request/Reimbursement Form ** Please include copy of registratic Travel Request/Reimbursement Form ** Please include copy of registratic Travel Request/Reimbursement Form ** Please include copy of registratic Travel Request/Reimbursement Form ** Please include copy of registratic Travel Request/Reimbursement Form ** Please Include Copy of Registratic Travel Request/Reimbursement Form ** Please Include Copy of Registratic Travel Request/Reimbursement Form ** Please Include Copy of Registratic Travel Request/Reimbursement Form ** Please Include Copy of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Copy Of Registratic Travel Request/Reimbursement Form ** Please Include Travel Request/Reimbursement F
Substitute Salary Substitute costs (\$95 per d 0.0 X 0.0 # of subs # of days Staff compensation Stipend (\$25 per hour w/be Purchased Services Airfare (total \$) Registration* (Total amount) Consultant Fee	ay w/benefits) X 95.00 = \$0.00 \$95.00 Total nefits) 0.00 2,796.00 0.00	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registratic Travel Request/Reimbursement Form * Please include to make your own hotel reservations. Consultant Form
Substitute Salary Substitute costs (\$95 per d 0.0 x 0.0 # of subs # of days Staff compensation Stipend (\$25 per hour w/be Purchased Services Airfare (total \$) Registration* (Total amount)	ay w/benefits) X 95.00 = \$0.00 \$95,00 Total nefits) 0.00 2,796.00 0.00 0.00 0.00	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registratic Travel Request/Reimbursement Form **You will need to make your own hotel reservations.
Substitute Salary Substitute costs (\$95 per d 0.0 X 0.0 # of subs # of days Staff compensation Stipend (\$25 per hour w/be) Purchased Services Airfare (total \$) Registration* (Total amount) Consultant Fee Materials/Supplies	ay w/benefits) X 95.00 = \$0.00 \$95.00 Total nefits) 0.00 2,796.00 0.00 0.00	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registratic Travel Request/Reimbursement Form * Please include to make your own hotel reservations. Consultant Form
Substitute Salary Substitute costs (\$95 per d 0.0 X 0.0 # of subs # of days Staff compensation Stipend (\$25 per hour w/be Purchased Services Airfare (total \$) Registration* (Total amount) Consultant Fee	ay w/benefits) X 95.00 = \$0.00 \$95,00 Total nefits) 0.00 2,796.00 0.00 0.00 0.00	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registratic Travel Request/Reimbursement Form **You will need to make your own hotel reservations. Consultant Form Request for Materials and Supplies Form
Substitute Salary Substitute costs (\$95 per d 0.0 x 0.0 # of subs # of days Staff compensation Stipend (\$25 per hour w/be) Purchased Services Airfare (total \$) Registration* (Total amount) Consultant Fee Materials/Supplies Grand Total:	ay w/benefits)	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registratic Travel Request/Reimbursement Form **You will need to make your own hotel reservations. Consultant Form Request for Materials and Supplies Form
Substitute Salary Substitute costs (\$95 per d 0.0 x 0.0 # of subs # of days Staff compensation Stipend (\$25 per hour w/be) Purchased Services Airfare (total \$) Registration* (Total amount) Consultant Fee Materials/Supplies	ay w/benefits) X 95.00 = \$0.00 \$95,00 Total nefits) 0.00 2,796.00 0.00 0.00 0.00	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registratic Travel Request/Reimbursement Form **You will need to make your own hotel reservations. Consultant Form Request for Materials and Supplies Form
Substitute Salary Substitute costs (\$95 per d 0.0 X 0.0 # of subs # of days Staff compensation Stipend (\$25 per hour w/be) Purchased Services Airfare (total \$) Registration* (Total amount) Consultant Fee Materials/Supplies Grand Total:	ay w/benefits) x 95.00 = \$0.00 \$95.00 Total nefits) 0.00 2,796.00 0.00 0.00 \$2,796.00 \$2,796.00 Fund	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registratic Travel Request/Reimbursement Form **You will need to make your own hotel reservations. Consultant Form Request for Materials and Supplies Form
Substitute Salary Substitute costs (\$95 per d 0.0 x 0.0 # of subs # of days Staff compensation Stipend (\$25 per hour w/be) Purchased Services Airfare (total \$) Registration* (Total amount) Consultant Fee Materials/Supplies Grand Total:	ay w/benefits) X 95.00 = \$0.00 \$95,00 Total nefits) 0.00 2,796.00 0.00 0.00 0.00 \$2,796.00 0.00 \$2,796.00 Building funds	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registratic Travel Request/Reimbursement Form **You will need to make your own hotel reservations. Consultant Form Request for Materials and Supplies Form
Substitute Salary Substitute costs (\$95 per d 0.0 x 0.0 # of subs # of days Staff compensation Stipend (\$25 per hour w/be) Purchased Services Airfare (total \$) Registration* (Total amount) Consultant Fee Materials/Supplies Grand Total:	ay w/benefits) x 95.00 = \$0.00 \$95,00 Total nefits) 0.00 2,796.00 0.00 0.00 \$2,796.00 \$2,796.00 Cost Fund	Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registratic Travel Request/Reimbursement Form **You will need to make your own hotel reservations. Consultant Form Request for Materials and Supplies Form

Building Name: Santa Fe Trait Activity Date: July 11-13
Please provide a brief description of your building activity including your plan for
sharing. We would like to send two teacher representatives from kindergarten and two teacher representatives from first grade.
Santa Fe Building PD funds will pay for one teacher to attend the conference. We are requesting the cost of registration for three additional teachers.
We do qualify for a \$30 per registration discount. This conference will allow our teachers to gain a deep understanding of mathematics. Teachers will learn strategies and techniques to improve
number sense and number fluency. Teachers will share information at back to school PD with entire staff and continue presenting Greg Tang strategies throughout the 2017-2018 school year.
Criteria for High-Quality Professional Development
*Mark all that apply to the activity described above.
Part I: High-quality professional development:
actively engages teachers, over time. is directly linked to improved student learning so that all children may meet the Show-Me Standards at
the proficient level.
is directly linked to district and building school improvement plans.
is developed with extensive participation of teachers, parents, principals, and other administrators.
[*Parent participation may be at the CSIP level]
provides time and other resources for learning, practice, and follow-up.
is supported by district and building leadership.
provides teachers with the opportunity to give the district feedback on the effectiveness of participation in this professional
development activity.
Part II: Some types of activities that might be considered high-quality professional development if they
meet the above requirements are:
study groups.
grade-level collaboration and work.
content-area collaboration and work.
specialization-area collaboration and work.
action research and sharing of findings.
w modeling.
peer coaching.
vertical teaming.
other
Part III: Topics for high-quality professional development may include:
content knowledge related to standards and classroom instruction.
instructional strategies related to content being taught in the classroom.
improving classroom management skills.
a combination of content knowledge and content-specific teaching skills.
the integration of academic and vocational education.
research-based instructional strategies.
strategies to assist teachers in providing instruction to children with limited English proficiency to
improve their language and academic skills.
strategies to assist teachers in creating and using classroom assessments.
instruction in the use of data to inform classroom practice.
instruction in methods of teaching children with special needs.
instruction in linking secondary and post-secondary education.
involving families and other stakeholders in improving the learning of all students.
strategies for integrating technology into instruction.
research and strategies for the education and care of preschool children.
research and strategies for closing achievement gaps between diverse groups of students.

___ other __

2017 MATH PLUS Schedule

56) £	Times	K-2 group A	K-2 group B	3-5 group C	3-5 group D	Elective Seminar	6-8 group E		
	6:30-7:30	Yoga	Yoga	Yoga	Yoga	7	Yoga		
	7:30-8:00	Breakfast	Breakfast	Breakfast	Breakfast		Breakfast		
	8:15-9:30	Reasoning Greg Tang	Reasoning Greg Tang	Reasoning Greg Tang	Reasoning Greg Tang	·	Reasoning Greg Tang		
	9:45-11:15	Assessment Nicki Newton	Geometry / M&D Cathy Kuhns	WP Progressions Greg Tang	Area Models Sandy Atkins	3-5 CPA Progression Shelly DuBose	Negative Integers Yeap Ban Har		
1=	11:15-11:45	Lunch	Lunch	Lunch .	Lunch		Lunch		
- July	12:00-1:30	Number Sense Cathy Kuhns	Assessment Nicki Newton	Differentiate/Division Yeap Ban Har	WP Progressions Greg Tang	3-5 Lesson Planning Sandy Atkins	Linear Equations Shelly DuBose		
Tuesday – July 11 th	d:45-3:00 Elective	K-2 Gulded Math Nicki Newton	K-5 Journaling Yeap Ban Har	3-5 Fraction Comp. Sandy Atkins	3-5 Enrichment Gathy Kuhns	3-8 Naked Numbers Shelly DuBose	6-8 Fraction/Ratios		
-	3:00-4:00 Word Problems K-2 Math Nights K-5 Math Practices K-5 Anchor Tasks 3-8 Model Drawing 6-8 Elective Greg Tang Greg Tang Jr. Sandy Atkins Yeap Ban Har Shelly DuBose								
	4:00-5:00	Yoga & Salsa	Yoga & Salsa	Yoga & Salsa	Yoga & Salsa		Yoga & Salsa		
	5:00-5:30	Meditation	Meditation	Meditation	Meditation		Meditation		
	6:30-7:30	Swing Dance Lesson	Swing Dance Lesson	Swing Dance Lesson	Swing Dance Lesson		Swing Dance Lesson		
	6:30-7:30	Yoga	Yoga	Yoga	Yoga		Yoga		
	7:30-8:00	Breakfast	Breakfast	Breakfast	Breakfast .		Breakfast		
	8:15-9:30	Math Literacy Yeap Ban Har	Math Literacy Yeap Ban Har	Math Literacy Yeap Ban Har	Math Literacy Yeap Ban Har		Math Literacy Yeap Ban Har		
	9:45-11:15	WP Progressions Greg Tang	Intervention Christina Tondevold	Fraction Fund. Cathy Kuhns	Yeap Ban Har	K-2 Lesson Planning Sandy Atkins	Rational Numbers Shelly DuBose		
12#	11:15-11:45	Lunch	Lunch	Lunch	Lunch		Lunch		
Wednesday – July 12 th	12:00-1:30	Intervention Christina Tondevold	Number Sense Yeap Ban Har	Area Models Sandy Atkins	Fraction Fund. Cathy Kuhns	3-5 Word Problems Greg Tang	Learning Targets Michelle Parks		
	1:45-3:00 Elective	K-2 Fact Fluency Christina Tondevold	K-5 Adv. Learners Yeap Ban Har	3-5 Fraction Comp. Sandy Atkins	3-5 Enrichment Cathy Kuhns	3-8 Number Sense Michelle Parks	6-8 Word Problems Greg Tang		
Wec	3:00-4:00 Geometry K-2 Math Nights K-5 Math Practices K-5 Fact Fluency 3-8 Collaboration 6-8 Elective Yeap Ban Har Greg Tang Jr. Sandy Atkins Christina Tondevold Michelle Parks								
	4:00-5:00	Yoga & Salsa	Yoga & Salsa	Yoga & Salsa	Yoga & Salsa		Yoga & Salsa		
	5:00-5:30	Meditation	Meditation	Meditation	Meditation		Meditation		
	6:30-7:30	Swing Dance Lesson	Swing Dance Lesson	Swing Dance Lesson	Swing Dance Lesson		Swing Dance Lesson		
	7:30-10:00	Live Band & Math Game Night		Live Band & Math Game Night					
	6:30-7:30	Yoga	Yoga	Yoga	Yoga		Yoga		
	7:30-8:00	Breakfast	Breakfast	Breakfast	Breakfast		. Breakfast		
13 th	8:15-9:30	Increasing Rigor Juli Dixon	Increasing Rîgor Juli Dixon	Increasing Rigor Juli Dixon	Increasing Rigor Juli Dixon		Increasing Rigor Juli Dixon		
Thursday - July 13th	9:45-11:15	3-Act Progressions Graham Fletcher	3-Act Progressions Graham Fletcher	Great Expectations Julie Dixon	Great Expectations Juli Dixon		Algebraic Thinking Yeap Ban Har		
iday	11:15-11:45	Lunch	Lunch	Lunch	Lunch		Lunch		
Thurs	12:00-1:30	Number Sense Yeap Ban Har	WP Progressions Greg Tang	3-Act Progressions Graham Fletcher	3-Act Progressions Graham Fletcher		Great Expectations Julie Dixon		
	1:30-2:30	Closing Keynote Ban Har, Juli, Graham & Greg		Closing Keynote Ban Har, Juli, Graham & Greg					