Sent account # 2/5/16 Professional Development Activity Request

| Activity Request submitted by: MW Harley (name) (school) Activity aligns with: Journal Cook States of States of Activity aligns with: Journal Cook States of States o | Date 1/27/19 | | | |
|--|--|--|---------------------------------------|---|
| Activity aligns with: Subtined SIP Goal: | , , | n Hunter | <u>Br</u> | idger Middle School |
| Building SIP Goal: ELA Students Meet or entered the expected (SGA) band Grant Strategies Courtculum STAR. Support Student grawth in death Instruction Instruct | Activity aligns with: District CSIP Goal: | ise student | achie ven | vertand performance |
| Technology | Building SIP Goal: | ridents meet | OV EXCUED Y STAR. SWAPOT | Yeir expected (SGP) band of student growth in daily |
| Building Department Dept. name Department Department Dept. Participant names Development Activity Description Date of activity February 10 and 11, 2010 Date of activity February 10 and 11, 2010 Participant names Department Name of activity and briefly describe: Department Name of activity and briefly describe: Department Name of activity and briefly describe: Department No. 1 | LiteracyCurri | culum1 | echnology | Monde ind. |
| Department - Dept. name Stidg principal Special Projects (District PD funds) | Funding Source(s): | Approved by: (I | Both the PD rep an | d principal <u>must</u> sign) |
| Department - Dept. name Stidg principal Special Projects (District PD funds) | Building | Bldg, PD rep | Jayce W | Lite |
| List name of activity and briefly describe: | | Bldg princip | ar Muu | |
| List name of activity and briefly describe: | ************************************** | ************* | ********* | ************************************** |
| Date of activity February Dand | Profe | essional Developmen | t Activity Descrip | <u>otion</u> |
| Substitute Salary Substitute Costs (\$95 per day w/benefits) X | List name of activity and briefly describe : | is Tovouni Work | shop on | 6-12 Literacy |
| Substitute costs (\$95 per day w/benefits) X 20 | Onition of thinks | Date of activity | February | 10 and 11, 2016 |
| Substitute costs (\$95 per day w/benefits) X 20 | | | | |
| X | Substitute Salary | <u>Re</u> | equired Forms_(A | flust be attached to this request) |
| # of subs # of days \$95.00 Total Staff compensation Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) | | | • • • • • • • • • • • • • • • • • • • | |
| Stipend (\$25 per hour w/benefits) Case Services | # of subs # of days \$95.00 | | | |
| Purchased Services Airfare (total \$) | | Tir | | |
| Airfare (total \$) | Stipend (\$25 per hour w/benefits) | | (A separate time shee | t must be submitted for each participant) |
| Registration* (Total amount) Lodging** (Total amount) Lodging** (Total amount) Consultant Fee Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include copy of registration Travel Request/Reimbursement Form * Please Include Copy of registration Travel Request/Reimbursement Form * Please Include Copy of registration Travel Request/Reimbursement Form * Please Include Copy of registration Travel Request/Reimbursement Form * Please Include Copy of registration Travel Request/Reimbursement Form * Please Include Copy of registration Travel Request/Reimbursement Form * Please Include Copy of registration Travel Request/Reimbursement Form * Please Include Copy of registration Travel Request/Reimbursement Form * Please Include Copy of registration Travel Request/Reimbursement Form * Please Include Copy of registration * Please Include Copy of registration * Please Incl | | _ | | |
| Travel Request/Reimbursement Form**You will need to make your own hotel reservations. Consultant Fee Consultant Form Materials/Supplies Request for Materials and Supplies Form Grand Total: Expense Summary: Cost Fund Building funds Department funds | | man to the fact of the contract of the contrac | | |
| Consultant Fee Consultant Form Request for Materials and Supplies Form Grand Total: Expense Summary: Cost Fund Building funds Department funds Consultant Form Request for Materials and Supplies Form Activity Approved Not approved | Lodging** (Total amount) | | * * | |
| Materials/Supplies Grand Total: Expense Summary: Cost Fund Building funds Department funds Request for Materials and Supplies Form Activity: Activity: Activity: Approved Not approved | Consultant Fee | | | |
| Grand Total: Expense Summary: Cost Fund Building funds Department funds Activity Approved Not approved | Materials/Supplies | | | and Complian Force |
| Expense Summary: Cost Fund | | <u>سا</u> | quest for Materials a | and Supplies Form |
| Expense Summary: Cost Fund ——————————————————————————————————— | | | · | Autota |
| Building funds Department funds | Expense Summary: Cost | Fund_ | | |
| Department funds | | | | |
| | | ·- | | |
| Special Projects Dr. Elizabeth Savigee | | epartment funds pecial Projects | | Dr. Elizabeth Savidge |

| Milding Name: Bridger Middle School Activity Date: Feb. 10 and 11, 2016 | | | | |
|--|--|--|--|--|
| Please provide a brief description of your building activity including your plan for sharing. (VIS TOVANI WILL MODEL STRATEGIES FOR literary Sharing. CALLY STRATEGIES FOR LITERARY SO FRANCES. I AM the only SS teacher from Bridger attending, so I plan to Share at our next above meeting. SO that We can support ELA and wareasing reading scores. | | | | |
| | | | | |
| 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. 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. | | | | |

Sent account # on 2/5/16 Sam D on Bridge Visa - Will neate to Professional Development Activity Request

| Date | | |
|--|---|--|
| Activity Request submitted by: <u>Sam</u> De GIVA EV E | Bridger Middle Schoz | |
| Activity aligns with: SIP# Students will meet SIP# & District CSIP Goal: Students will meet on Learning | Bridger Middle School k expected standard of growth based revel. to facilitate learning. | |
| Goal # 3 CSIP Warm Wesources Activity Focus Area(s): | to facilitate learning. | |
| Literacy Curriculum At-risk Mathematics | Technology Instructional Strategies/Improvement | |
| | y: (Both the PD rep and principal <u>must</u> sign) D rep And White incipal Want | |
| Special Projects (District PD funds) | | |
| Professional Developn | nent Activity Description | |
| List name of activity and briefly describe: MidWest Symin Behavior Disorders + A Location Kansas City Date of activi Participant names Jam Activaeve | | |
| | ^ | |
| Substitute Salary Substitute costs (\$95 per day w/benefits) | Required Forms (Must be attached to this request) Authorized Leave Form * (A separate form must be completed for each participant) | |
| Staff compensation Stipend (\$25 per hour w/benefits) | Time Sheet (A separate time sheet must be submitted for each participant) | |
| Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) | Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registration Travel Request/Reimbursement Form**You will need to make your own | |
| Consultant Fee | hotel reservations. Consultant Form | |
| Materials/Supplies | Request for Materials and Supplies Form | |
| Grand Total: \$0.00 \$380 | | |
| Expense Summary: Cost Fund | Activity: Approved Not approved | |
| Building funde | | |