

Professional Development Activity Request

Date 9/25/14

Activity Request submitted by: Leslie Stikeleather (name) Korte Elementary (school)

Activity aligns with:
1 District CSIP Goal: Increase Student Achievement & Performance
 _____ Building SIP Goal: _____

Activity Focus Area(s):
 Literacy Curriculum _____ Technology
 At-risk _____ Mathematics _____ Instructional Strategies/Improvement

Funding Source(s):
 Building _____ Bldg. PD rep _____
 _____ Department-- Dept. name _____ _____ Bldg principal _____
 _____ Special Projects (District PD funds)

Approved by: (Both the PD rep and principal must sign)

Professional Development Activity Description

List name of activity and briefly describe : 2014 MOAHPERD Convention-State Physical Education Convention

Location Lodge of Four Seasons Date of activity November 13-16, 2014

Participant names Leslie Stikeleather - KC Rep.

Substitute Salary

Substitute costs (\$95 per day w/benefits)

$$\begin{array}{r} 1 \\ \times 1 \\ \hline 95.00 \end{array} = \$ 95.00$$

# of subs	# of days	\$95.00	Total
-----------	-----------	---------	-------

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)	<u>125.00</u>
Lodging** (Total amount)	<u>232.42</u>
Consultant Fee	_____

Travel Request/Reimbursement Form
 Travel Request/Reimbursement Form * Please include copy of registration
 Travel Request/Reimbursement Form** You will need to make your own hotel reservations.
 Consultant Form

Materials/Supplies

Request for Materials and Supplies Form

Grand Total: **\$ 357.42**

Expense Summary:

	<u>Cost</u>	<u>Fund</u>
	_____	Building funds
	_____	Department funds
	<u>452.42</u>	Special Projects

Activity:
 Approved
 Not approved

 Dr. Elizabeth Savidge

Building Name: Korte Elementary Activity Date: November 13-16, 2014

Please provide a brief description of your building activity including your plan for sharing. I will be presenting at a cross-district meeting. I will for building as needed.

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.
- other _____

Please make a copy of this completed form for your records.



THE LODGE
OF FOUR SEASONS
GOLF RESORT, MARINA & SPA, SHIKRI

315 Four Seasons Drive, Lake Ozark, MO 65049

1-888-265-5500
Reservations

1-573-365-3000
Lodge Operator

1-573-365-8573
Reservation Fax

Book online OR print forms as needed to Mail Or Fax To HOTEL - DO NOT SEND TO MOAHPERD

RESERVATION DEADLINE OCTOBER 14, 2014 - MOAHPERD

Group Name: MO ASSOC HEALTH. PHYSICAL ED. RECREATIONS & DANCE

Conference Dates: 11/12 Wed-11/16 Sun Conference Code: 24807

Number of Adults: 1 Number of Children: 0

My Arrival Date: 11/13/14 My Departure Date: 11/16/14

Full Name: Leslie N. Stikeleather

Company Name: Independence School District - Korte Elementary

Street: 2437 S. Hardy Ave. Phone: 816-521-5430

City, State & Zip: Independence, Mo.

Rooms are Resort Rooms or Non-Guaranteed room type. Room assignments are made at the front desk at the time of check in.

Room rates are \$107.00 per room per day, resort room for single, double, trip or quad occupancy. One bedroom King Suite at Avila is \$189.00 per day; Avila two bedroom suites are \$230.00. Room/suites subject to MO State Sales Tax of 7.975% (unless proof of exemption provided) and NON- EXEMPT Lodging tax of 3%. Tipping on an individual basis. The Guest Service Fee of \$6.00 plus tax per room per day is not included in room rate and will be posted on a nightly basis.

Please check all that apply: Resort Room Bdrm Suite _____ 2Bdrm Suite _____

ADA Accessible

Credit Card Gtd

Credit Card

Number

Expiration Date

Deposit Approval Signature*

Reservations must be received no later than October 14, 2014. Reservations will be accepted and confirmed up to the opening day of the conference providing accommodations are still available. Reservations run from 4:00pm on day of arrival to 12:00 noon on day of departure. Cancellations or change notice must reach our office 3 days prior to arrival to avoid a one-night charge of room & tax.

MISSOURI ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION, AND DANCE
2014 Convention The Lodge of Four Seasons, Lake Ozark, MO November 14-16, 2014

Pre-registration Form

Pre-registration must be postmarked by November 1, 2014 or submitted as an email attachment by the same date. After that date please plan to register on site. **You must be a member of MOAHPERD to attend the convention.** Refunds will be handled on an individual basis by contacting the Executive Director.

Print name and school as you want them to appear on your badge.

Name Leslie Stikeleather
School Korte Elementary
Mailing Address 2437 S. Hardy Avenue
City, State, Zip Independence, MO, 64052
(Address to which you want your name badge mailed)

FEES--PLEASE NOTE: Fee Structure (Make checks payable to MOAHPERD, Purchase Orders will be accepted.)

<input checked="" type="checkbox"/> Professional Pre-Registration (includes banquet ticket):	\$125.00
<input type="checkbox"/> Retired Member Pre-Registration (includes banquet ticket):	\$35.00
<input type="checkbox"/> Student Pre-Registration (includes banquet ticket):	\$50.00
<input type="checkbox"/> Extra Banquet Ticket (deadline 11/4):	\$25.00
<input checked="" type="checkbox"/> Handout Packet-Elementary and Middle School Activities (No charge for handout packet if pre-registered)	
Total: <u>\$125.00</u>	

Method of Payment: Personal Check School District, College or University Check School District
Purchase Order # _____ (Attach a copy)

Friday morning sessions 9:00 -11:30 Friday, November 14, 2014

No charge for session but you must pre-register. Pre-register for only one of these:

Elementary Activities
Friday November 14, 2014 9:00 to 11:30 a.m.

Elementary Activities

Presenters: John Smith (john.smith@flaghouse.com); Greg Montgomery (njdj703@aol.com); Chip Candy
Gain valuable insights from the experiences of The Jersey Boys, the trio of Teachers of the Year who will energize and captivate throughout their engaging session. Known throughout the nation as insightful and forward thinking in their approach to the physical education program and especially for helping develop exemplary instructional and motivational skills. For all who attend, this will truly be a "highlight" experience!

Mad for Ipad!

Technology
Friday November 14, 2014 9:00 to 11:30 a.m.
Presenter: Laura Matney (Joel.eros@sparkpe.org)
Experience physical education "APP All-Stars" and actively learn how to use them in class settings. Leave with free access to a website that continually reviews and recommends the best PE/Health related APPS. This session guaranteed to SPARK and interest and skill in APPLIED technology and shock you with relevance and APPLICATION.

CPR/AED Certification

CPR/AED Certification
Friday November 14, 2014 9:00 to 11:30 a.m.
Gina McNeese, Northwest Missouri State University (gscott@nwmissouri.edu)
Jana Arabas, Truman University, (jlarabas@truman.edu)
Bryan Dorrel, Northwest Missouri State University, (bdorrel@nwmissouri.edu)
American Red Cross CPR/AED and First Aid Certification Workshop!
Certification and recertification of Adult, Child and Infant CPR as well as First Aid and AED will be available during this 2-hour workshop. A certificate of completion will be available at the conclusion of the workshop.

New This Year - Physical Activity Leader (PAL) Training (LMAS)

Thursday, November 13

9:00 a.m. - 4:00 p.m.

See Separate Registration Form at www.moahperd.org/PAL

Completed registration form must be postmarked/submitted electronically by November 1, 2014.
Send to: Tom Loughrey, MOAHPERD, 215 McCullough, H, Saint Louis, MO 63122.

T- 314.965.1960 loughreyt@umsledu Web site: www.moahperd.org

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.

- Complete Professional Development Activity Request forms
- Attach authorized leave form(s) if applicable
- Attach explanation or flyer of the conference or workshop explaining the purpose
- 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.

\$ _____ building

\$ _____ department

- Please send Professional Development Activity Request forms to the Directors of Special Projects, Annette Martini or Emily Heflin at Luff Elementary, prior to the last day of the month.

Have you accessed these special funds before? This school year? Please explain.

- Completed Special Projects Check Sheet

Thank you!