



**Instructional Supports Department**  
 9361 S 300 E Sandy, UT 84070  
 O: 801-826-5045 | F: 801-826-5056

## Professional Learning & Development Application

Professional Learning and Development should:

- *Reflect the Professional Development Standards related to content, process and context and the Utah Professional Standards for Teachers;*
- *Support the continuing development of professional learning communities;*
- *Be ongoing and aligned with educator's academic assignment (e.g. peer coaching, mentoring, classroom walk-through, teacher/staff collaboration);*
- *Focus on evidence-based instruction; and make on-going reflection on school/student data a part of professional learning.*

<b>Professional Activities</b>			
Please check appropriate box; see Professional Learning Activities document for descriptions and additional project specific requirements			
<input type="checkbox"/> College/University Course	<input type="checkbox"/> Action Research	<input type="checkbox"/> Online Study (e.g. Massive Open Online Course (M.O.O.C.))	<input type="checkbox"/> Individual Request (State/National Conferences)

Name: \_\_\_\_\_

Cactus #: \_\_\_\_\_ (Please attach your Cactus record including license and endorsements)

School: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed State Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

Estimated Number of Hours of Project: \_\_\_\_\_

JAMES



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Outline your plan for the proposed professional learning activity. Specifically, describe how this plan is an extension beyond the scope of your current responsibilities.

How will this professional learning experience impact student achievement?

How will you demonstrate:

- Your learning and professional growth?
  
  
  
  
  
  
  
  
  
  
- Impact on student achievement?

What School or Departmental goals are being addressed with the proposed activity?

What support will you need from your current supervisor and/or the District?



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Applications are due on the last Wednesday of each month. Applications will be reviewed on the first week of each month with the exception of June, July and August.

Be sure to include all other required documentation for the selected activity. Incomplete applications will not be reviewed.

\_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Principal/Supervisor

\_\_\_\_\_  
 Date

<p><b><u>FOR OFFICE USE ONLY</u></b></p> <p>Application received: _____</p> <p>Application reviewed: _____</p> <p><input type="checkbox"/> Approved  <input type="checkbox"/> Not Approved  <input type="checkbox"/> Approved with conditions. List conditions.</p> <p>Applicant notified of status: _____</p>	<p>_____          LPIC Committee Signature</p> <p>_____ # of credit(s) awarded</p> <p>LPIC reasons for approved/not approved:</p>
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