SOUTHTOWN TEACHERS' CENTER

Professional Development Course Proposal

STC USE ONLY: Approval Date _____
APPROVED BY ☐ Frontier ☐ Hamburg

COURSE TITLE:

INSTRUCTOR INFO

INSTRUCTOR NAME: _____ (IF ANY) CO-INSTRUCTOR NAME: _____

EMAIL: _____ EMAIL: _____

DISTRICT/BUILDING:_____ DISTRICT/BUILDING: _____

COURSE INFO

TARGET AUDIENCE: CHECK ALL THAT APPLY ☐ **Teachers** ☐ **Teacher Aides** ☐ **Administrators** ☐ **SRP** ☐ **Other**

Number of Instruction Hours: _____ Max # of Participants _____ (STC has a 10 person minimum per instructor)

Prerequisites if any: _____

Course will address: (please check all that apply)

☐ Pedagogy (The way you teach: Strategies, Classroom Management, Instructional Practice, Professional Leadership)

☐ Content (Subject matter specific to a certification area)

☐ ELL (Instruction in addressing the needs of English Language Learners)

ADDITIONAL INFORMATION

This Information pertains to the first run of the course.

Submit dates 6 weeks prior to desired start date to receive facility approval

Dates for Initial Course Offering: _____ YR_____

Day(s) of the Week: _____ Time Begin _____ End _____

Preferred Building: _____ Rm # _____

Hand outs ◯ STC to make copies (submit 5 days prior to start date)

◯ Instructor will provide

Equipment Needed: ☐ Smartboard ☐ White/Black Board ☐ Computers

☐ iPads ☐ Other _____

STC USE ONLY:

Additional Dates offered

Dates	# Participants

Course Title

LEARNING OBJECTIVE: What will participants experience in this course? This will be the descriptor of the course.

KEY CONTENT ADDRESSED : What will the course address? Outline suggestions for supporting direct implementation of COMMON CORE STANDARDS into instruction and/or NYS TEACHING STANDARDS. (attach additional sheet if necessary)

PROJECTED LEARNER OUTCOMES: What proficiencies, knowledge and/or skills will participants expect to gain.

ASSESSMENT METHOD AND ARTIFACT COLLECTION: To meet the standards and expectations of NYS CTLE, we are required to complete an assessment of learning and collect artifacts to demonstrate understanding of the course content. Please select the assessment method and artifact type you plan to use for the course. You may select as many as you feel are appropriate but must complete a minimum of two, at least one of which will be turned into STC to keep on file. If you select "other" please explain fully.

ASSESSMENT METHOD

- ☐ Instructor generated pre/post survey
- ☐ Demonstrations
- ☐ Closure Activity
- ☐ Personal Interview
- ☐ Simulation
- ☐ Other (Please explain below. You may also use the artifact as an assessment method)

ASSESSMENT ARTIFACT TO BE COLLECTED AND GIVEN TO STC

- ☐ Portfolio
- ☐ Reflection Journal
- ☐ Lesson Plan (adapted to use new learning)
- ☐ Video: Testimonial, Classroom Lesson, Group Presentation
- ☐ Information (data) on student behavior/performance
- ☐ Other

IF OTHER PLEASE EXPLAIN:

Course Title

# of Sessions: _____ Total Hours of Instruction _____ Does this course use online instruction **YES** **NO** If yes # hours online _____

OUTLINE OF LEARNING CONCEPTS AND EXPECTATIONS BY SESSION (If more than six use the next page)

Session 1

Session 2

Session 3

Session 4

Session 5

Session 6

Course Title

Use this space for any additional information you want to provide or information that did not fit into the form such as extra sessions.

☐ New CV

☐ My CV is on file with STC

☐ Please make changes to my CV already on file as indicated below.

CURRICULUM VITAE

To be completed by Instructors for the Southtown Teachers' Center
Instructors only need to fill this out once and update as necessary.
This information is now required by the New York State Education Department.

PERSONAL/CONTACT INFORMATION

Name _____

Address _____

_____

Phone _____Email _____

ACADEMIC BACKGROUND

Professional Licenses/Certifications _____

Postgraduate work _____

Graduate work/degree(s) _____

major/minor _____

Undergraduate degree(s) _____

major/minor _____

ACADEMIC/TEACHING EXPERIENCE _____

_____

_____

TECHNICAL and SPECIALIZED SKILLS _____

_____

RELATED/OTHER EXPERIENCE _____

_____

PROFESSIONAL DEVELOPMENT _____

_____

_____