

Professional Development Course Proposal and Instructor Approval Form

Please complete this form in its entirety to propose a course for consideration by the Southtown Teachers' Center. Courses will be submitted for District Approval. Course should meet common core teaching standards or offer teacher support and or professional skills.

Course Title: _____

Instructor Name: _____ Title : _____ Phone: _____

Email: _____ TRS Member : YES NO

Course Title: _____

Instructor Name: _____ Title : _____ Phone: _____

Email: _____ TRS Member : YES NO

STC USE ONLY
APPROVED ON:

FCS_____

HCS_____

RA_____

Target Audience: Check all that apply : Teachers Administrators Teacher Aides Other

Grade Level/ Special Area Targeted, if any _____

Number of Hours Total: _____ Number of sessions: _____ Max # participants _____ (STC MIN. 10 PARTICIPANTS PER INSTRUCTOR)

Prerequisites, if any : _____

Dates for course: _____

Day of Week: _____ Starting time: _____ am pm Ending time: _____ am pm

Site: Preferred Building: _____ Room # _____ (IF PREFERRED ROOM IS REQUESTED)

Handouts: ___STC will copy (submit 5 days prior) ___ Instructor Provided (provide enough for each participant and one for STC to keep on file)

Special Equipment / Materials Needed: _____

Course addresses content in the following areas. Check all that apply.

NYS Teaching Standards (APPR)

Common Core Standards: ELA Math Grade Level(s) _____

SLO (Student Learning Objectives) In this content area _____

NYS Learning Standards In this content area _____

Applies to all areas of the standards (ie: Classroom Strategy, Co-Curricular)

Course for Teacher support/ Professional Skills

Course Title: _____

Objective: What will participants experience in this course? This will be the descriptor for the catalog.

Content and Key Issues: What will course address?

Outline suggestions for supporting direct implementation of embedding COMMON CORE STANDARDS into classroom instruction. Attach additional sheet if necessary.

Projected Learner Outcomes:

Assessment Method: (Simulations, Demonstrations, Pre and or Post Assessment, Exit Survey, Interview, Journal, Portfolio, Closure Activities, other...)

Follow-up assessment: What method would be used to be sure this course has positively impacted student learning and achievement? At what interval(s) would this happen?

Provide a detailed Outline of what participants will learn in each session. # Of Sessions_____

Session 1

Session 2

Session 3

Session 4

Session 5

Session 6

School District Approval of Course

Course Title: _____

Instructor (s): _____

Title: _____

Superintendent Use Only:

I approve this course.

Frontier Central School District

Superintendent

Date

Hamburg Central School District

Superintendent

Date

Randolph Academy-Hopevale Campus

Superintendent

Date

Comments: