

THE SHELBY COUNTY LOCAL PROFESSIONAL DEVELOPMENT CONSORTIUM (SCLPDC):
INDEPENDENT ACTIVITY/PROJECT PROPOSAL

An educator who chooses to earn contact hours by completing an activity or project in Activity Guidelines: Group 4 must submit an Independent Activity/Project Proposal for EC approval prior to commencing with the proposed activity or project. Proposals are due a minimum of one week prior to a scheduled EC meeting to be considered at that meeting. Late submissions will be considered at the next scheduled EC meeting.

All sections of the proposal must be completed. If a section is not applicable to the proposal, indicate by writing Not Applicable.

The educator and the district EC representative will preview the proposal before the educator submits it to the EC for approval. Signature of the proposal indicates the preview has been conducted.

The educator will receive notification of approval or rejection of the submitted proposal within thirty days of EC consideration.

Shelby County Local Professional Development Consortium

Independent Activities/Projects Proposal

(Submit a Separate Proposal for each Activity/Project in Group 4)

Educator: _____

District: A B F FL HH JC R ESC

Activity Title (“X” one)

<input type="checkbox"/> Cooperating Teacher for a Practicum Teacher <input type="checkbox"/> Cooperating Teacher for a Student Teacher <input type="checkbox"/> Educational Project <input type="checkbox"/> Externship <input type="checkbox"/> Grant Writing <input type="checkbox"/> National Board of Professional Teaching Standards	<input type="checkbox"/> Peer Observation <input type="checkbox"/> Professional Presentation <input type="checkbox"/> Professional Vocational Board Certification <input type="checkbox"/> Publication <input type="checkbox"/> Self-Directed Educational Development <input type="checkbox"/> Teacher Portfolio <input type="checkbox"/> Teaching a College Course <input type="checkbox"/> Other: _____
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Anticipated Timeline for Planning, Implementation and Assessment of Activity/Project:

Anticipated Completion Date of Activity/Project: _____

PROCESS: Describe the proposed Activity/Project.

RATIONALE. Briefly explain the basis for choosing this Activity/Project.

BENEFITS. Describe the anticipated benefits to yourself, students, building and/or district resulting from this Activity/Project.

DISSEMINATION. If the benefits of this activity can be shared with other staff or community members, describe how and with whom you plan to share it.

COLLABORATION: If this is a collaborative effort, list all team members along with their expected roles and responsibilities.

***VERIFICATION:** Provide information on how the activity will be verified.

*** Attachments Required (Official transcript, letter/certificate of participation, presentation to LPDC executive committee, log of hours, report or copy of product created)**

Anticipated Contact Hours Required for Activity/Project Completion: _____

IA/PP reviewed by _____ on _____
Signature of District LPDC Representative Date

Signature of Educator _____ Date _____

LPDC Use Only

IA/PP Received: _____
Date ESC Signature

Executive Committee Review: A B F FL HH JC R ESC P S T

IA/PP Approval Date _____ Signature of LPDC Officer _____