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| **PROFESSIONAL DEVELOPMENT PROPOSAL**  **Curriculum Department**  **DATE:** Click here to enter a date. |
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| 1. Name(s) / School(s) / Grade(s) or Subject(s) of participants:   Click here to enter text. |
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| 1. Topic and/or Situation to be address:   Click here to enter text. |
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| 1. Realistic expectation and a method of measuring outcome:   Click here to enter text. |
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| 1. Activity Plan with time line:   Click here to enter text. |
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| 1. List the Ohio Standards for Professional Development that this PD addresses and explain how this PD fits into each of the listed Standards:   Click here to enter text. |
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| Approvals: |
| Building Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Curriculum Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |