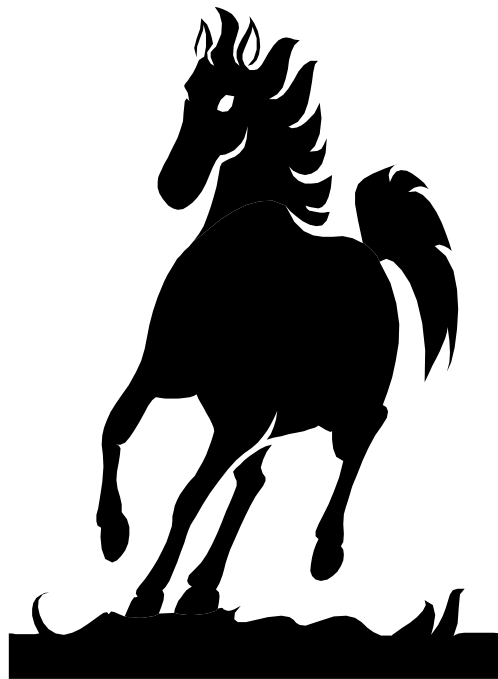


**Local Professional Development
Handbook**

For

**Clear Fork Valley Local
School District**



2022-2023

**Clear Fork Valley Local School District
Local Professional Development Committee**

Dear Educator:

As of July 1, 1998, the State Department of Education will no longer be granting CEU's and giving the approval for course work and CEU's in order to renew certificates/licenses. They will still be approving new certificates. Our local district is now in charge of tracking CEU's and graduate hours for staff development. A Local Professional Development Committee has been formed to take care of this task.

Our LPDC will be made up of four teachers and two administrators.

The LPDC will meet monthly, and it will be important to get your paper work turned in before the meeting to insure that it can be evaluated. We all are going to have to fill out yearly Professional Development Plans, even those with permanent certificates, and our CEU work and course work should then support what we have outlined as goals for our individual plans. Those with permanent certificates will not need to worry about the CEU's or graduate hours, but they will still need to show growth as a professional. Therefore, we are asking all faculty to fill out a beginning year plan and end of the year summary of professional growth. As educators, we need to model lifelong learning and growth. We are professionals, and therefore need to set high standards.

It will be extremely important to keep a copy of everything that you turn in to the LPDC in a folder or notebook. The LPDC will also have a file kept at the Board Office.

All staff of the district will be responsible for meeting the guidelines, terms, and deadlines regarding the renewal / issuance of certificates or licenses.

Sincerely,
Brian Brown
LPDC Chairperson

Meeting Dates for LPDC Committee

The Clear Fork LPDC Committee will meet on the 2nd Tuesday of every month at 3:15 p.m., in the High School Conference Room. Meeting dates for the 2022-2023 school year are as follows:

September 13, 2022

October 11, 2022

November 8, 2022

December 13, 2022

January 10, 2023

February 14, 2023

March 14, 2023

April 11, 2023

**May 9 and 26, 2023
(Teacher Inservice Day)**

Note: Any changes in the schedule will be posted well in advance so those staff members can submit forms well before the deadlines.

Local Professional Development Committee

Purpose

A Local Professional Development Committee (LPDC) shall be established to oversee and review professional development plans for course work, continuing education units, and/or other equivalent activities.

Mission Statement

The Mission of the Clear Fork Local School LPDC is to enhance staff development so that every member can achieve the highest standard of performance possible. The ultimate goal is continuous school improvement in order to improve student success through quality of learning experiences and a supportive school environment.

**Clear Fork Valley Local Schools
Professional Development Committee
BY-LAWS**

Article I Committee Composition and Selection

1. The committee shall be composed of seven (7) members as follows:
Four (4) teachers (one per building)
Two (2) administrators
One (1) teacher alternate
2. The four (4) teacher members shall be appointed by the C.F.V.E.A. and shall have at least five (5) years of teaching experience.
3. The Administrative members shall be appointed by the Superintendent.
4. In the event of an interim vacancy, the teacher committee member shall be replaced by the C.F.V.E.A. for the remainder of the unexpired term. The principal member shall be appointed by the Superintendent.
5. Alternates shall fill in for committee members when needed due to emergencies or potential conflicts of interest.

Article II Term of Office

1. Except as specified below for initial appointments, the term of office for members serving on the committee shall be two (2) years, beginning July 1st, 1998.
2. For initial appointment two administrative and two teacher representatives will serve a one year term.

Article III Committee Officers

1. Chairperson
 - a. The Chairperson shall be selected by a majority of the voting members of the Local Professional Development Committee.
 - b. The responsibilities of the chairperson shall include:
 1. Conducting LPDC meetings
 2. Communicating information to LPDC members
 3. Notifying applicants of approval, resubmission, or denial status of their IPDP's, etc.
 4. Inform the president of the C.F.V.E.A. and/or the superintendent when a vacancy must be filled.
 5. Calling emergency meetings when deemed appropriate.
2. Vice Chairperson
 - a. The vice chairperson shall preside over the LPDC meetings in the absence of the chairperson.

3. Secretary
 - a. The secretary shall post the times and dates of all meetings.
 - b. The keeping of accurate minutes shall also be a primary responsibility.
 - c. The secretary shall also assist the chairperson in handling all communication in a timely manner.

Article IV Decision Making

1. Decisions shall be made by a majority vote of the 5 member committee. Alternates shall sit in for absent members or when needed by law for an administrator.

Article V Records

1. All LPDC records shall be kept in the Board of Education Office.
2. No later than one week prior to the next LPDC meeting the chairperson shall distribute the minutes of the previous meeting, the agenda for the upcoming meeting, and any relevant materials for the upcoming meeting to all LPDC members.
3. It is the responsibility of each certified/licensed individual to maintain his/her own copies of all written transactions.
4. Minutes shall be kept of each meeting.

Article VI Time Guidelines

1. All certified/licensed staff members of Clear Fork Valley Local Schools shall submit individual professional development plans to the LPDC by September 15, of each year. Each member will also be required to submit a summary of their professional growth by contract, of each year.
2. CEU and course work CEU credit should be submitted prior to each of the LPDC's scheduled monthly meeting.
3. Feedback and Documentation shall be given to applicable staff members.
4. No later than **September 10th** of each year, the committee shall post in each building their meeting schedule.

Article VII Compensation and Expenditures

1. Members of the LPDC shall be given a yearly stipend in the amount of *\$50.00 per meeting attended* to be paid by the board.
2. Alternates shall be paid twenty-five dollars per meeting in which they have voting rights, and any other meetings that they are required by the chairperson to attend.
3. The central office person in charge of personnel records shall be paid a stipend of five hundred dollars per year to maintain the license/certificate records of district personnel.

Article VIII Appeals Process

All decisions of the LPDC for any work towards the professional development may be appealed to the Clear Fork Valley Local Board of Education by written notice served upon the Treasurer no later than ten (10) days after receipt of a written decision from the LPDC Committee. The Board shall hold a hearing at its next regular meeting occurring at least five (5) days after the receipt of the written appeal. The party appealing shall be entitled to present written or oral evidence to the Board, and the LPDC chairperson may present written or oral evidence on behalf of the LPDC. The decision of the Board shall be final and shall not be subject to the grievance provisions of this Agreement.

Article IX Amendments to the By-laws

1. Revisions to by-laws to the LPDC can be made as deemed necessary by the Clear Fork Local School Board and the C.F.V.E.A., through the negotiated agreement process.

Revised July, 2011

Clear Fork Valley Local School District LPDC DATA SHEET

1. Submit this completed form to the LPDC chairperson by *October 15th* of the school year if you have had any changes in your licensure. It will be placed in your LPDC file.
2. Make a copy of this completed form for your personal file.

Name _____ Date _____ / _____ / _____

<u>Type of Certificate(s) /License</u>	<u>Issue Date (Upper Right Corner)</u>	<u>Expiration Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Address:

Street _____ City _____ ZIP _____

Home Phone _____ Building Phone _____

Grade Level/Position _____ Building _____

Years of Experience _____

I acknowledge that I am responsible for meeting all guidelines, terms, and deadlines regarding the renewal/ issuance of my certificate or license.

Signature _____ Date _____

Make a copy for your personal file.

CLEAR FORK VALLEY LOCAL SCHOOLS

The following statements are to be interpreted in reference to the area of certification/license for which you are seeking renewal or professional growth.

Definition

Professional learning is a purposeful activity that increases capacity to create the results we want for students.

Professional development shall be required for continued licensure for all educators. It shall be guided by the learning needs of all students and the axiom that all students can learn. It shall include current theory on the learning needs of educators and shall incorporate a planned progression for improvement on a continuing basis. (3301-24-06)

Criteria

- 1. The Staff Development Plan/IPDP must have at least one objective related to student learning.**
 - In what ways will my students be different as a result of this professional development activity?
- 2. The scope of the plan must be directly relevant to subject area content, instructional practices, and/or learners.**
- 3. Staff Development Plan/ IPDP objectives must align with building and district staff development goals.**
- 4. The Staff Development Plan/IPDP methods and products must exhibit intellectual quality.**
 - Uses an expanded knowledge base
 - Seeks current theory relevant to the objective
- 5. The Staff Development Plan/IPDP must demonstrate a focused, sustained effort.**
 - What will I do differently as a result of this professional development activity?
 - Be specific in describing what adjustments, improvements, new activities will be undertaken to better accomplish teacher and student objectives.
- 6. The Staff Development Plan/IPDP must include proposed criteria for assessing the success of the plan's objectives.**

CONVERSION CHART

Semester Hours	Quarter Hours	CEU x 10 hours
1/3	.5	1
2/3	1	2
1	1.5	3
1 1/3	2	4
1 2/3	2.5	5
2	3	6
2 1/3	3.5	7
2 2/3	4	8
3	4.5	9
3 1/3	5	10
3 2/3	5.5	11
4	6	12
4 1/3	6.5	13
4 2/3	7	14
5	7.5	15
5 1/3	8	16
5 2/3	8.5	17
6	9	18
7	10.5	21
8	12	24
9	13.5	27
10	15	30
11	16.5	33
12	18	36
13	19.5	
14	21	
15	22.5	
16	24	
17	25.5	
18	27	
19	28.5	
20	30	
21	31.5	
22	33	
23	34.5	
24	36	
25	37.5	
26	39	
27	40.5	
28	42	
29	43.5	

**LOCAL PROFESSIONAL DEVELOPMENT
Yearly Professional Growth Plan for 2022-2023**

Submit to the LPDC chairperson by **September 13, 2022**

Clear Fork Valley Local School District Professional Growth Plan (PGP)			
<p>The Professional Growth Plan helps the teacher identify areas of professional development that will enable the teacher to enhance practice. The teacher is accountable for implementing and completing the plan. The plan must align to any district and/or building improvement plan(s). The Professional Growth Plan is developed annually. It is to be reviewed regularly and updated as necessary based on collaborative conversations between the evaluator and the teacher.</p> <p>The Professional Growth Plan should reflect the evidence available and focus on the most recent evaluation and observations. The Professional Growth Plan should be individualized to the needs of the teacher. The school or district should provide for professional development opportunities and support the teacher by providing resources (e.g., time, financial). The Professional Growth Plan must be clear and comprehensive. It is aligned to the most recent evaluation results and proposes a sequence of appropriate activities leading to progress toward the goals.</p>			
Teacher Name		Evaluator Name	
The Plan is...			
	Self Directed (Accomplished)		
	Jointly Developed (Skilled)		
	Evaluator Guided (Developing)		
Choose the Domain(s) aligned to the goal(s).			
	Focus For Learning		Classroom Environment
	Knowledge of Students		Assessment of Student Learning
	Lesson Delivery		Professional Responsibilities
Goal Statement(s) Demonstrating Performance on Ohio Standards for the Teaching Profession			
Action Steps & Resources to Achieve Goals			

Qualitative or Quantitative Measurable Indicators: Evidence Indicating Progress on the Goal(s)			
Dates Discussed and Comments			
Year End Reflection on Goals (Due at the Final Summative Conference)			
Describe the alignment to the district and/or building improvement plan(s):			
High Quality Student Data (HQSD)			
What are the sources of HQSD that will be utilized for the Student Growth Goals. (Minimum of two)			
HQSD Source 1		If Teacher Created- Date Approved	
HQSD Source 2		If Teacher Created- Date Approved	
HQSD Additional Sources		If Teacher Created- Date Approved	
Mid-Year Reflection on Data:			
Year End Reflection on Data (Due at the Final Summative Conference)			
Initial Meeting		End of Year Meeting	
Teacher Signature and Date		Teacher Signature and Date	
Evaluator Signature and Date		Evaluator Signature and Date	

Local Professional Growth Activity Proposal

Name: _____ Position & Building _____

Instructions:

1. Submit this form to an LPDC member prior to LPDC monthly meeting and prior to proposed activity.
2. Attach supporting documentation, i.e. agendas, brochures, course descriptions, etc.
3. Do not include lunch, breaks, travel time in the Credits Requested column.
4. Expect a reply from the committee within five days of LPDC meeting.
5. Specific credits will be granted upon verification of the activity.
6. Check minutes of monthly meetings, sent through email.
7. If reimbursement is desired, submit appropriate form with this proposal.
8. If pre-approval for MA+30 is desired, please mark appropriate area of form.
9. Use a separate proposal form for each activity.
10. Make a photocopy for your personal records.

Please indicate type of study or activity (Circle all that apply):

College Course Workshop/Seminar On the job activity Self Instruction Professional Group/committee

Specific Title of Proposed Area of Study	Course No.	College or University	Activity Dates	Credits Requested		
				Sem. Hours	Quarter Hours	Clock
Is this Activity proposal being submitted to the MA+30 Committee?	Yes	No	MA+30 Use:	Approved	Disapproved	

Financial Commitment? (Check all that apply)	No			Committee Use Only	
	Yes	Tuition	Registration	Approved	Disapproved

Please use the space below to explain how this activity addresses your stated yearly goals, enhances your current job assignment, and the School Improvement Plan. (The committee will not review this form unless this portion is complete.)

Committee Use: Growth Activity Proposal	
___ Approved	___ Disapproved: ___Missing Information ___Suitability ___Other Reasons
LPDC Chairperson	Signature: _____ Date: _____
Superintendent	Signature: _____ Date: _____
Building Principal	Signature: _____ Date: _____
CFVEA Rep.	Signature: _____ Date: _____

Evaluation Rubric for Activity Proposal

- * Appropriate response, representing approval of this area
 - * clear vision of goals
 - * appropriate direction for achievement of goals
 - * adequate explanation and detail for implementation of plan
- + Passable response, representing approval of this area
 - +understandable goals
 - +basic concept for achievement of goals
 - +minimal explanation and detail for implementation of plan
- ___ Inadequate response, representing a need for correction
(See below for suggestions)
- 0 No response, representing a need for completion

Question #1 ___

- ___ Phrase in more complete/connected thoughts.
- ___ Give more detail to explain your intent.

Question #2 ___

- ___ Check the school improvement plan to correlate response.
- ___ Phrase in more complete/connected thoughts.
- ___ Give more details to explain your intent.

Question #3 ___

- ___ Give more explanation pertaining to student achievement or learning outcomes.
- ___ Give more detail related to your job assignment.
- ___ Phrase in more complete/connected thoughts.

Question #4 ___

- ___ Please check area pertaining to activity

Local Professional Growth Activity Proposal

Master's +30

Name: _____ Position and Building: _____

Instructions:

1. Electronically fill in the appropriate areas.
2. Share with the Superintendent, your building principal and union president.
3. Email the above people to let them know you shared a Master's +30 signature sheet with them.
4. If reimbursement is desired, submit appropriate gold form.
5. Use a separate form for each course/activity.
6. Keep copies for your records.

Course Title	Course #	College or University	Date(s) of Course	Credits Requested

*You may not include meals, breaks, or travel time. Specific credits will be granted based on verification of the course.

Explain how this activity addresses your stated yearly goals, enhances your current job assignment, and the School Improvement Plan. (The committee will not review this form unless this portion is complete.)

Financial Commitment: _____ Yes _____ No _____ Tuition _____ Registration

_____ Approved _____ Disapproved

_____ Approved _____ Disapproved
 _____ LPDC Chairperson Date

_____ Approved _____ Disapproved
 _____ Superintendent Date

_____ Approved _____ Disapproved
 _____ Building Principal Date

_____ Approved _____ Disapproved
 _____ CFVEA Representative Date

**Memorandum of Understanding
 Clarification to CFVEA Local #4109 Negotiated Agreement with Clear Fork Board of Education
 Article XII – Salary, A. Salary Schedule Information, 3. MA+30
 January 31, 2013**

This Memorandum of Understanding is to clarify Article XII, A, 3 of the negotiated agreement. Only credits earned after July 1, 2010 qualify for consideration. All coursework to be completed after January 31, 2013 must be pre-approved using the process described below in the second section.

A. For teachers who have completed coursework from July 1, 2010 – January 31, 2013, that directly relates to their state-adopted teacher/administrative licensure program/certification (even if pre-approval was already given electronically) and want it applied toward a move into the MA+30 column from the MA+15 column on the salary schedule;

- 1) Submit Retroactive MA+30 Coursework Pre-Approval Form by April 30, 2013 to the Superintendent with an official transcript that covers all courses.

B. For teachers planning on taking coursework after January 31, 2013, that directly relates to their state-adopted teacher/administrative licensure program/certification and want it to be pre-approved to have applied toward a move into the MA+30 column on the salary schedule;

- 1) Fill out the amended LPDC Professional Growth Activity Proposal Form. Make sure to mark the area that indicates you want to have the coursework pre-approved to be applied toward a move into the MA+30 column on the salary schedule.
- 2) Submit the Proposal Form to the LPDC.
- 3) The LPDC will review the request for relevancy to the applicant's state-adopted teacher/administrative licensure program/certification. If approved by the LPDC, it will be forwarded to the MA+30 committee (Superintendent, 1 building principal, and a CFVEA representative) for approval.
- 4) The MA+30 committee will process the Growth Proposal and file it with the LPDC records keeper.
- 5) The teacher is responsible for submitting the Verification Form along with an official transcript to the LPDC and the Board office upon completion of coursework.

Attachments:

Retroactive Pre-Approval Form

Amended LPDC Professional Growth Activity Proposal Form

Mrs. Stacie White, CFVEA Co-President

Mrs. Lori McKee, CFBOE President

Ms. Kourtney Kucirek, CFVEA Co-President

Ms. Janice Wyckoff, CF Superintendent

Mr. John Morrow, CF Treasurer

Retroactive MA+30 Coursework Pre-Approval Form

Name _____ Position and Building _____

Course Name	Course	College or	Date of	Semester	(MA+30
-------------	--------	------------	---------	----------	--------

	No.	University	Course	Hours	Committee Use) Approval

Attach an official transcript that covers all courses.

MA+30 Committee Use

Date _____

Hours Approved toward MA+30 _____

Superintendent

Building Principal

CFVEA Representative

Once approved Copy to Board office and LPDC records keeper for file
1/31/2013

Local Professional Development Activity Verification

Name _____ Position and Building _____

Instructions:

1. Return this form to an LPDC committee member upon completion of a professional growth activity.
2. Attach supporting documentation, i.e. transcript, grade report, certificate, receipt of amount paid for each course, etc.
3. Read minutes of monthly LPDC meetings via e-mail.
4. *Use a separate verification form for each activity.*
5. Make a photocopy of this form for your records.

Indicate the type of study or activity and supporting verification:

- | | |
|---|--|
| <input type="checkbox"/> College Course

<input type="checkbox"/> Workshop or Seminar

<input type="checkbox"/> On The Job Activity
<input type="checkbox"/> Self Instruction
<input type="checkbox"/> Professional Group/Committee | <input type="checkbox"/> Transcript
<input type="checkbox"/> Grade Report
<input type="checkbox"/> Certificate
<input type="checkbox"/> Presenter Signature
<input type="checkbox"/> Presenter/Administrator Signature
<input type="checkbox"/> Presenter/Administrator Signature
<input type="checkbox"/> Presenter/Administrator Signature |
|---|--|

Specific Title of Proposed Area of Study	Course No.	College or University	Date(s) of Activity	Credits Requested		
				Sem Hr	Qtr Hr	Clock Hr

* One may not include lunch, breaks, or travel time. Specific credits will be granted upon the official verification of the activity.

Signature of Presenter/Facilitator _____
Date

_____ Approved

- _____ Semester hours
- _____ Quarter hours
- _____ Continuing education units (ceu)

_____ Disapproved

- _____ Activity was not successfully completed
- _____ Activity did not have prior approval

Evaluation Rubric for Verification of Activity

Complete the marked area(s) for final approval:

____attachment appropriate to activity needed

____presenter/facilitator signature needed

____appropriate self-instruction proof needed

____needs more information/identification of type of study

____needs more information/identification of title and /or area of study

____indicate or clarify date(s)

____amend hours to reflect actual involvement time

OPTIONS	MAX CEU'S	CEU VALUE	VERIFICATION	CRITERIA
College/University Course College/University/Institution Must be accredited and recognized by the U.S. Department of Education		See attached chart	Official Transcript, Original Grade Card, or Original Certificate	1. Must be taken through an accredited college, or other approve post secondary educational institution. 2. Must be taken for credit with a grade of "C" or better, or a "P" in a pass fail course. 3. Course work must be in education or in a content area directly related to the individual's teaching assignment or working with students.
Professional Conference, workshop, institute, academy, or in-service credit		1 clock hour = 0.1 CEU	Activity Verification Form	Must include only time spent in activity that contributes to the participants knowledge, competence, performance, or effectiveness in education.
Peer Observation	1 CEU per license cycle	1 clock hour = 0.1 CEU	Activity Verification Form	Must include a statement of authorization from a supervisor along with summarization of pre- conference and post- conference.
Publication of Original Work		6 CEU's for a book 3 CEU's for an article in professional journal or magazine.	Copy of publication or document and Activity Verification Form.	1. Must contribute to the education profession or add to the body of knowledge in the individual's specific field. 2. Must be a commercially published book or article.
National Board of Professional Teaching Standards Certification	6 CEU's per License Cycle for candidate completing process but not getting NBPTS Certificate	Completion and verification in area of assignment during certificate cycle = all required CEU's.	Valid copy of the National Certificate or Activity Verification form for candidate net completing certificate.	1. Must be in the subject area of the individual's assignment. 2. Certificate must be completed or participation as candidate must be verified by the expiration date of the Ohio Certificate/License.
Professional Level of Record Keeping per License Cycle All pertinent data for verification of CEU's and Semester Hour Course Work in a clear and organized notebook or folder.	1 CEU per license cycle.	1 CEU	Completed Notebook or Folder	Must satisfy the LPDC's standards, and be completed within the license cycle.
Mentoring of a new teacher or administrator in the district.	Full – 3 CEU's per year		Activity Verification Form	Must be mentoring of teacher, administrator, or specialist in entry year program.

OPTIONS	MAX CEU'S	CEU VALUE	VERIFICATION	CRITERIA
Cooperating Teacher A. Early Experience (FEP)	.1 CEU per week of experience		Activity Verification Form Successful completion of contract.	Must be supervisor of undergraduate student, graduate student, or undergraduate intern, or student teacher.
B. Full Time Student Teacher	.2 CEU per week of experience Max 3 CEU's per year		Activity Verification Form Successful completion of contract.	Must be supervisor of undergraduate student, graduate student, or undergraduate intern, or student teacher.
Teaching of College Course or Teaching an Adult Education Course that is related to your certificate/license.	1.5 CEU's per semester course 1 CEU per quarter course Max 3 CEU's per year.		Activity Verification Form	May be used for the first time teaching the course per license/certificate cycle.
Professional Presentation as related to license or certification		1 clock hour of presentation = 0.1 CEU		Applies to first presentation per license/certification cycle.
Educational Project which applies skills and knowledge toward the development of a final district/county/state product.		1 clock hour = 0.1 CEU	Activity Verification Form A copy of final product or report of project.	Project must have prior and final approvals, and verification of LPDC.
Curriculum Development	3 CEU's max per license cycle	1 clock hour = 0.1 CEU	Activity Verification Form	Must be service on formal committee organized by local, state, national or international agency or organization.
Professional Committees that focus on improving instruction and helping students.		1 clock hour = 0.1 CEU	Activity Verification Form	1. Must be service on formal committee organized by local, state, national or international agency or organization. 2. Must contribute to the education and profession or add to the individual's body of knowledge in the field. 3. Documented clock hours of committee work.
Grant Writing		1 clock hour = 0.1 CEU	Activity Verification Form	1. CEU's not dependent of awarding of grant 2. Documented clock hours in planning and preparing grant.
Self-Directed Educational Development (for example) Professional Reading, Research, Educational Travel	3 CEU's per license cycle (Limit of 1 CEU per year)	1 clock hour = 0.1 CEU	Activity Verification Form	Must enhance individual's work in the profession and relate to area of certification/license.
Teaching at Clear Fork	2 CEU's awarded per year within a teaching license cycle while teaching at Clear Fork. Maximum 10 CEU's per cycle.			On the job activity. This reflects time for staff in-service days and staff meetings

******* Proposals and verifications with a value of less than .1 CEU will not be processed*******

Yearly Summary of Professional Development

Please submit this form to the LPDC *ten days prior to the May meeting.*

Name _____ Date _____

Position _____ Building _____

1. What areas did you emphasize in your professional development this school year?

2. How did the activities contribute to our school improvement plan or effectiveness?

3. How did you integrate your new knowledge into your job assignment?

4. Indicate the type(s) of activities which you completed.

- _____ College Course(s)
- _____ Workshops or Seminars
- _____ On the Job Activities
- _____ Self Instruction
- _____ Committee Work/ Professional Groups

Approved by LPDC Chairperson _____

Date _____

Make a copy for your personal file.

Ohio Professional Development

Verification of Participation for LPDC Approval

Professional Development Program:

Provide title

Date and Location:

Provide information

Presenter/Facilitator (including title & credentials):

Presenter 1
Title
Credentials/Employer

Presenter 2
Title
Credentials/Employer

Presenter 3
Title
Credentials/Employer

Presenter 4
Title
Credentials/Employer

Program/Project Goals and Objectives

Participants will:

- [state specifically; begin each bullet with a verb]

Description of Professional Development Experience

Nature of Activity: Workshop, Course, Series of Workshops, Conference session
Contact Hours: Specify actual hours of engagement
Participant Role: For example: Listening to presenters, participation in individual and group activities, exploration of relevance and potential applications of workshop content to local situation, interactive dialogue and questions with presenters and/or colleagues.

This certificate verifies participation in the NAME OF SPONSORING ORGANIZATION activity described above. Participants are responsible for conveying this information to their Local Professional Development Committee in a manner consistent with their local guidelines.

This form is not for submission to the Ohio Department of Education.

Meeting Facilitator (Print)

Participant (Print)

Signature

Signature

Date

Date

**CLEAR FORK VALLEY LOCAL SCHOOLS
SUPPLEMENTAL PAY FOR COLLEGE CREDIT**

The Board shall appropriate for each fiscal year a sum sufficient to provide forty thousand dollars (\$40,000) supplemental pay (supplemental pay pool cap) to teachers for earned college credit subject to the following conditions:

1. Courses to be considered for approval:
 - a. must be related to the bargaining unit member's teaching assignment and/or related area of responsibility in the Clear Fork Valley Local Schools.
 - b. would lead to another area of certification/licensure,
 - c. would lead to an advanced degree in the profession of education; and/or
 - d. are necessary for the renewal or upgrade of a teaching certificate/license.
2. All credits must be approved in advance by the Superintendent.
3. In order to be eligible for reimbursement during a fiscal year, the college course must be completed between July 1st and June 30th of each year and applications for pre-approval must be submitted to the Superintendent no later than May 1st of each school year. Any course submitted to the Superintendent for approval to receive reimbursement must be previously approved by the LPDC and must include a grade transcript and a receipt from the college/university showing the tuition amount paid and form of payment used for the college course.
4. For reimbursement an employee must receive at least a grade of B (3.00).
5. Reimbursement payment for the college credit will occur in the month of September and will be paid to those staff members that are employed with the District for the school year following the year when the coursework was completed. Receipt showing payment for College credit must be submitted with this form.
6. Courses taken by correspondence shall be approved by the Local Professional Development Committee.
7. Only courses completed from properly accredited colleges and universities are acceptable for reimbursement.
8. All hours for college work will be converted to semester hour equivalents and the total number of semester hour equivalents will be divided into the supplemental pay pool cap to determine the semester hour reimbursement level. No employee shall receive more than a maximum of eighteen hundred dollars (\$1,800.00) per fiscal year.
9. Procedure for determining the per semester hour payment will be as follows:
 - a. Determine the total number of semester hours being submitted by all individuals.
 - b. Divide the result of "A" into the supplemental pool cap (\$40,000.00) to determine the per-semester hour reimbursement rate.
 - c. For each individual that submitted documentation for reimbursement, multiply the per-semester hour reimbursement rate times the number of semester hours submitted.

- d. If the reimbursement amount is greater than eighteen hundred dollars, the employee will receive the maximum amount of eighteen-hundred dollars (\$1,800.00)
- e. If the reimbursement amount is less than eighteen-hundred dollars, the employee will receive the calculated amount from "C".

