



**OFF-SITE STAFF DEVELOPMENT REQUEST FORM**

**(FORM A)**

School Year 2006-2007



Off-Site staff development requests must be pre-approved by the Staff Development Committee. Please complete all information and return to the Staff Development Committee, Wells, prior to the date of the proposed off-site offering. You must have prior approval before attending the off-site offering. Attach this form to your FINAL VERIFICATION FORM when submitting your completed hours (6.5 hours/fulltime or 3.25 hours/part time) of staff development.

Name \_\_\_\_\_ Building/Department \_\_\_\_\_

Date Submitted \_\_\_\_\_ Date of Offering \_\_\_\_\_

From (time) \_\_\_\_\_ a.m./p.m. To (time) \_\_\_\_\_ a.m./p.m. Total # of hours \_\_\_\_\_

Location of Offering \_\_\_\_\_

Title of Offering \_\_\_\_\_

Contact Person(s) \_\_\_\_\_ Phone # \_\_\_\_\_

Describe how this offering supports your personal Staff Development goals or (if possible) when making this request please submit an agenda, brochure, or other document(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

FOR STAFF DEVELOPMENT COMMITTEE USE ONLY

This off-site request has been: \_\_\_\_\_ approved \_\_\_\_\_ denied

Reason for denial: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attach this completed and approved form to your FINAL VERIFICATION FORM upon completion of your hours (6.5 or 3.25) of staff development.**

**Take the FINAL VERIFICATION FORM with you to your off-site offering and have the presenter or contact person sign it to validate your attendance.**



**GROUP STAFF DEVELOPMENT OFFERING REQUEST FORM**

**(FORM B)**

School Year 2006-2007



Group staff development activities must be pre-approved by the Staff Development Committee

**IMPORTANT:** All participants who have completed the offering must attach a copy of the completed and approved form to the **FINAL VERIFICATION FORM** before submitting the final 6.5 (3.25) hours for credit.

**LEAD PERSON:** Please complete all information and return to the Staff Development Committee, Wells, 30 days prior to the date of the workshop.

Lead Person \_\_\_\_\_ Building/Department \_\_\_\_\_

Date Submitted \_\_\_\_\_ Date of Offering \_\_\_\_\_

From (time) \_\_\_\_\_ a.m./p.m. To (time) \_\_\_\_\_ a.m./p.m. Total # of hours \_\_\_\_\_

Location of Offering \_\_\_\_\_

Title of Offering \_\_\_\_\_

Presenter(s): \_\_\_\_\_

State how this workshop meets your **building or department goals** or how it will support the **philosophy and purpose** outlined in **GUIDELINES FOR CERTIFIED STAFF DEVELOPMENT** for Canton City Schools (or attach an agenda, brochure, or other literature):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of All Participants (participants are responsible for tracking their own hours):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

FOR STAFF DEVELOPMENT COMMITTEE USE ONLY

This off-site request has been: \_\_\_\_\_ approved \_\_\_\_\_ denied

Reason for denial: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attach a copy of this completed and approved form to each participant's FINAL VERIFICATION FORM.**



**CANTON CITY SCHOOLS' CERTIFIED STAFF DEVELOPMENT  
REQUEST FOR PROPOSAL (RFP - FORM D)  
For the 2007-2008 Handbook**



The Staff Development Committee is looking for presenters and workshop ideas for the 2007-2008 school year. If you are a certified CCS' staff member who would like to present a staff development offering, please complete this form. Return the form to the CCS' Certified Staff Development Committee, Wells, by Thursday, March 1, 2007.

**SECTION I. Presenter Information**

Name(s)/Contact Person(s) \_\_\_\_\_ Building/Department \_\_\_\_\_  
 Grade Level, Subject Area, or Position \_\_\_\_\_  
 Work Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone Number \_\_\_\_\_ e-mail \_\_\_\_\_

**SECTION II. Workshop Information**

Title of Workshop \_\_\_\_\_  
 Date of Workshop \_\_\_\_\_ Time of Workshop \_\_\_\_\_ to \_\_\_\_\_  
 Number of Contact Hours \_\_\_\_\_ Location \_\_\_\_\_  
 Maximum Number of Participants \_\_\_\_\_ Minimum Number of Participants \_\_\_\_\_

**Check the strand that best describes the topic of your workshop:**

**Best Practices in Learning and Teaching in:**

- Literacy     Math     Student Work     Improving Relationships     Professional Issues

**Check the Targeted Population(s):**

- |   |  |
|---|--|
| <input type="checkbox"/> Early Childhood (PreK-K)   | <input type="checkbox"/> Appropriate for all grade levels    |
| <input type="checkbox"/> Primary (Grades 1-3)       | <input type="checkbox"/> Appropriate for any content teacher |
| <input type="checkbox"/> Intermediate (Grades 4-5)  | <input type="checkbox"/> Recommended for new teachers        |
| <input type="checkbox"/> Middle School (Grades 6-8) | <input type="checkbox"/> Specific content area _____         |
| <input type="checkbox"/> High School (Grades 9-12)  | <input type="checkbox"/> Other _____                         |

**Check the Targeted Domain(s):**

Organizing Knowledge for Learners

- Acquiring and utilizing information on student background, knowledge, and experiences
- Creating clear-cut goals for students
- Demonstrating knowledge of curriculum scope and sequence
- Discerning or matching methods, activities with the needs of the learners
- Utilizing appropriate assessment strategies

Balancing the Learning Environment

- Maintaining a fair and equitable climate
- Establishing an educational rapport with students
- Communicating learning goals and expectations
- Creating and maintaining a safe environment
- Creating and maintaining clear and consistent standards of classroom behavior

Teaching for Learning

- Clarifying learning strategies and goals to learners
- Helping students understand the content
- Creating opportunities for students to extend their thinking
- Monitoring and providing feedback to assist student learning
- Utilizing classroom time effectively

Developing Professionalism

- Reflecting on the teaching process
- Demonstrating collaborations within the school community
- Creating an open line of communication with the home
- Maintaining a sense of accountability
- Pursuing additional licensure/certification/professional knowledge

**SECTION III. Workshop Summary**

Briefly describe your proposal in 50 words or less. If accepted, this description will be printed in the CCS' Certified Staff Development Notebook.

**SECTION IV. Workshop Description**

In the space provided, please elaborate on the content of the workshop, focusing on the following areas: workshop objectives, workshop agenda, specific domains targeted, and impact on learning climate and/or on student achievement. You may need to use additional pages.

I assure the CCS' Certified Staff Development Committee that all the information on this RFP is accurate, and, if approved, the professional development activity will be presented as described.

Signature \_\_\_\_\_ Date \_\_\_\_\_

CCS' Certified Staff Development Committee Review (for office use only)

Date Reviewed \_\_\_\_\_

Approved

Not Approved



**FINAL VERIFICATION FORM**  
**Canton City Schools' Certified Staff**  
**(FORM C)**  
 School Year 2006-2007



Name \_\_\_\_\_ Building/Department \_\_\_\_\_

This form is to be returned/completed **one time only** after the 6.5 (3.25) hours of staff development outlined in the handbook have been acquired. Please complete all information as applicable. Use the title of the offering as noted in the handbook, *The Weekly Journal*, or on the forms. Upon receiving confirmation of your registration for requested staff development activities, record the appropriate information. Please make sure to obtain the presenter/lead person's signature to verify your attendance in the last column. (You cannot verify your own attendance.) Upon completion of your 6.5 (3.25) hours, submit this form to the Staff Development Committee, Wells. Hours must be completed by May 18, 2007. **All verified paperwork must be turned in by 4:00 p.m. on May 22, 2007.**

Date	Workshop/Activity/Offering (title as listed in booklet, journal, or forms)	Sponsoring Organization	# Hours	Please check one:		Attendance Verification Signature
				Participant	Presenter	
			Total # Hours	*Note: Hours for presenters should reflect double credit.*		

I, \_\_\_\_\_, certify that the required hours of Staff Development acquired have not, nor ever will be used for any other purpose except that which is approved and outlined in "GUIDELINES FOR STAFF DEVELOPMENT, Canton City Schools' Certified Staff".  
**The above hours occurred outside the normal contractual day/year and have not been taken for a stipend or for graduate credit.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**ATTACH ANY REQUIRED FORM(S) AND RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE  
 AFTER COMPLETING THE 6.5 (3.25) HOURS.**