

Harrison County Schools Professional Staff Development

2007-2008 CE INFORMATION

All current forms can be located on the website at harcoboe.com.

Any forms that you have currently in your file cabinet should be destroyed. All new forms will have 10/07 on the bottom left side of the form.

On the web site is a form to use to propose a session. These forms should be completed and submitted at least 30 days before the session. **Sessions will not be approved if proposal come to the council after the session has been held.** Please submit this form to either the Professional Development Council at the County Office or to Barbara Reed at RCB. It is **not** necessary to submit to both locations.

The person proposing the session will receive notification on approval or disapproval. The presenter will receive a sign in Attendance Sheet, Participant Evaluation Form, and a Presenter's Summary of Evaluation Form. These should be completed at the session. Please remind the teachers to make their signature legible. The use of social security numbers and bar codes are no longer needed. Employees must use their 9-digit number that has replaced the use of the social security number.

If a professional gets their CE credit other than approved session – it is the responsibility of the professional to print the correct form, complete it, and send verification of attendance. The most common form to use would be CE Not Proposed via Council form. There is also a form to report Graduate Classes. A 3-hour graduate class is equal to 45 hours of CE. So obviously a class covers the 6 needed hours. Please keep in mind that Video Reports are limited to 3 hours credit.

REMINDER

If you get paid to attend the conference or session – then you **CANNOT** claim it as CE credit.

All CE verification must be received by the end of April – 2008.

Principals will receive an updated list of any professional that has **NOT** sent in verification prior to the ISE day in April

Any further questions can be answered in the
Professional Staff Development brochure.

Dear Presenter/Proposer:

We are pleased to inform you of the approval of the attached professional staff development session. Your request was approved at a total cost as indicated on the proposal. Please examine the proposal because the council may have revised the requested funds. Only council approved cost will be honored.

IF YOUR SESSION IS CANCELLED, PLEASE RETURN YOUR PROPOSAL FORM TO THE STAFF DEVELOPMENT OFFICE MARKED "CANCELLED" IN THE UPPER LEFT CORNER.

Enclosed please find the following forms/items:

- (1) Your Professional Staff Development Proposal Form
- (2) Professional Staff Development Participant Attendance Sheet
- (3) Participate Evaluation Form
- (4) Presenter's Summary of Evaluation Form
- (5) Request for Payment Form – if requested (*include on per check request*)
- (6) Other: _____



To receive credit or payment for a session, follow these steps:

- (1) Make copies of the Participant Evaluation Form.
- (2) Have participants sign the Attendance Form and include their nine (9) digit identification number. This number replaces the use of social security numbers.
- (3) At the end of the session, collect the Participant Evaluation Forms and complete the Presenter's Evaluation Summary Form.
- (4) If needed complete the Request for Payment Form.
- (5) Paper clip together * **Copy of the approved Proposal Form**
* **Attendance Form**
* **Participant's Evaluation Forms**
* **Presenter's Summary of Evaluation Form**
* **Request for Payment Form (*if needed*)**
- (6) Send by pony to Professional Staff Development Council @ County Office.



Failure to follow this may result in the denial of all payments or CE credit of both.

Send all forms to **Professional Staff Development Council @ County Office**

PROPOSAL FORM

Session Title: _____

Session Date: _____ Session Time: _____

Location of Session: _____ CE Hours: _____

Presenter's Name: _____

Proposer's Name: _____

Type of Activity: _____ Instructional Management _____ Non-Instructional Management

(If non-instructional management is checked, then skip the next statement)

Targeted Curriculum. List all that apply:

List a state, county or school goal that this activity addresses:

Description of the activity...

(Include in description how the activity will expand the knowledge/education of the teacher.)

Presenter's Name: _____

Presenter's Qualification: _____

Total funding requested from the council: \$ _____

Cost break down: \$ _____ Materials \$ _____ Personnel *(Include substitute costs)*

**SUBMIT REQUEST TO:
PROFESSIONAL STAFF DEVELOPMENT @ the County Office**

For Council Use Only

Class # _____ Approved: _____ Not Approved: _____ Date: _____

Date Proposal Received: _____ Total Cost Council Agrees to Pay: \$ _____

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PARTICIPANT'S EVALUATION FORM

*(The box is to be completed by proposer of session, and then duplicated for distribution.
Participants are to complete the bottom half of the form.)*

Session Title: _____

Session Date: _____ Session Time: _____

Location of Session: _____

Presenter's Name: _____

Proposer's Name: _____

Participant...

Please rank the following according to the "Response Key". Your evaluation will help improve future sessions.

Response Key:

- 5 = Excellent
- 4 = Good
- 3 = Adequate
- 2 = Lacking
- 1 = Poor
- NA = Not Applicable



- _____ 1. Presenter was knowledgeable and interesting.
- _____ 2. Session/Material was well organized.
- _____ 3. The information gained in this workshop will aid in classroom instruction.
- _____ 4. How well did this session meet your staff development needs?
- _____ 5. Overall, how would you rank this staff development session.

** Instructions for the Staff Development Proposer **

After the CE Session, please send the **Participant Evaluation Forms**, **Presenter's Summary of Evaluation Form** and the **Attendance Sheet** to the Professional Staff Development @ the County Office

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PRESENTER'S SUMMARY OF EVALUATION FORM

Session Title: _____	
Session Date: _____	Session Time: _____
Location of Session: _____	
Presenter's Name: _____	
Proposer's Name: _____	

Presenter...

Please average the responses of the participants to each of the statements below. Round off to the nearest tenth.

(Example: A session has 10 participants. To statement #4 they responded as follows: 5 5 5 5 4 4 4 3 3 and NA. The average would be $(5+5+5+5+4+4+4+3+3)$ divided by $9 = 4.222=4.2$.)

- _____ 1. Presenter was knowledgeable and interesting.
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- _____ 5. Overall, how would you rank this staff development session.



** Instructions for the Staff Development Proposer **

After the CE Session, *please* send the **Participant Evaluation Forms**, **Presenter's Summary of Evaluation Form** and the **Attendance Sheet** to the Professional Staff Development @ the County Office

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REQUEST FOR PAYMENT FORM

Session Title: _____

Session Date: _____ Session Time: _____

Location of Session: _____

Presenter's Name: _____

Proposer's Name: _____

Amount Requested:

\$_____ Personal (Stipend)

\$_____ Materials, Registration, etc...



If a substitute was used, please provide your job code number and the substitute's name.

Substitute's Name _____

Job Code Number _____

(Please attach an itemized invoice if applicable. Stipends to Harrison County Board of Education employees do not require an invoice.)

Check Payable to: _____ Social Security No: _____

Address: _____ City/State/Zip _____

Check One: Harrison County Board of Education employee

Outside Vendor

Is this the last check requested for this project? Yes No

Supervisor's Signature _____

Date _____

Send form to **Professional Development Council** @ County Office

10/07