

PROFESSIONAL DEVELOPMENT POLICY for teachers/educators of students in the Get Ready Program 2012-2013

Introduction and Background

The Minnesota Office of Higher Education and its Get Ready Program is committed to providing staff training and professional development opportunities for Get Ready outreach teachers that will enhance classroom instruction and improve student academic performance in the core subject areas.

Examples of trainings or workshops that may be considered for approval

- Training related to better serve and teach low income students, students of color, or first generation college-bound students.
- Training related to improve student's academic performance, learn new classroom management techniques, improve curriculum enhancement and development, and improve/increase parental involvement in the schools.

The Process

- 1) The participating teacher must submit the attached request form, description of the training, and training agenda to Get Ready at least six weeks prior to the training.
- 2) If the training is approved, the necessary forms will be completed by Get Ready. There are two options for payment:
 - If pre-payment is required, the teacher, school or district must initially pay for the training and request reimbursement from Get Ready after the course has been completed. The trainee must submit a request form with receipt, proof of attendance, and the attached evaluation form. After the documentation has been received, a reimbursement check for the cost of the training will be issued to the teacher, or district (per district regulations the program is unable to reimburse the school). **This process will take approximately four weeks.**
 - If the vendor accepts payment **after** the completion of the training, the vendor must send an invoice to the address below. The trainee will need to submit proof of attendance and the attached evaluation form.
 - ***Please Note: If the district is being reimbursed, an invoice from the district must be received within 30 days of the completion of the course. After 30 days the agency will be unable to reimburse the district.***

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| <ul style="list-style-type: none">• The Office of Higher Education will only cover the <u>registration fee</u> to attend the workshop or training. The agency will not cover transportation, meals, or material costs associated with the training.• All requests will be reviewed and approved on an individual basis.• All requests and paperwork should be submitted to: Holly Meuers, Outreach Associate
Get Ready – MN Office of Higher Education
1450 Energy Park Drive Suite 350
St. Paul, MN 55108 |
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**REQUEST FOR
PROFESSIONAL DEVELOPMENT
2012-2013**



for teachers/educators of students in the Get Ready Program

Teacher Name: _____ Grade(s) Taught: _____

School: _____ Phone Number: _____

E-mail: _____

Vendor Name: _____

Vendor Address: _____

Vendor Phone Number: _____ Vendor Fax Number: _____

Cost of Training: _____ Date of Training: _____

Description: *(attach brochure or literature that describes training).*

Explain how your students will benefit from your participation in this training:

Method of Payment (Please check ONE of the following boxes and provide the appropriate information.):

The **teacher** will pay for the conference and be reimbursed by OHE after necessary paperwork is returned.

Home Address: _____

SSN: _____

The **school** will pay for the conference and **the district** will be reimbursed by OHE after the necessary paperwork is returned.

District Office Contact Person: _____ Phone Number: _____

District Office Address: _____

The **district** will pay for the conference and be reimbursed by OHE after the necessary paperwork is returned.

District Office Contact Person: _____ Phone Number: _____

District Office Address: _____

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For office use

Date received: _____

Approved: _____ Not approved: _____

Date response sent to teacher: _____ Date payment sent to teacher: _____



POST-TRAINING EVALUATION

2012-2013

for teachers/educators of students in the Get Ready Program

Teacher name: _____ Grade taught: _____

School: _____ Phone number: _____

Name of training: _____

Date(s) of training: _____ Name of trainer: _____

How did you learn about this training? _____

What was the best part of this training? _____

What would you change about the training? _____

List three things you learned from this training that you would utilize with your students:

1) _____

2) _____

3) _____

Would you recommend attending this training in the future? Yes No

If no, please explain: _____

Other comments/thoughts/suggestions: _____



GET READY!

Request for Reimbursement of Substitute Pay 2012-2013

Complete and Return Form To:
 Minnesota Office of Higher Education
 Get Ready Program
 1450 Energy Park Drive, Suite 350
 St. Paul, MN 55108
 Phone: (651) 642-0533
 FAX: (651) 642-0675

INSTRUCTIONS: This form is to be used to request reimbursement of the amount paid for substitute teachers or other staff when the regular staff must attend a Minnesota Office of Higher Education sponsored meeting or workshop. Please use a typewriter or PRINT CLEARLY. Upon completion, return a copy to the Office of Higher Education. **NOTE: This request must be signed by the requesting district/institution superintendent/responsible authority, NOT the attendee.**

Name of Requesting School District/Institution: _____ District No. (If School District): _____

Address: _____ City: _____ State: _____ Zip: _____

Date	Meeting Name and Location	Attending Staff Name(s)	Actual Amount of Substitute Pay
			\$
			\$
			\$
			\$
			\$

Requesting Agency Certification

I hereby certify that the services listed hereon have been completed and that this is the only original invoice and is correct and just and that no part of same has been paid.

Signature - Superintendent/Responsible Authority _____ Title _____ Date _____

Office of Higher Education Approval for Payment

I hereby certify that the amounts covered by this claim are in accordance with specifications, and are in proper form, kind, amount, and payment therefore is recommended.

MOHE Division Director Signature _____ Date: _____

MOHE CFO Signature _____ Date: _____

For Fiscal Services Only						Amount	Object Code
Vendor Number		Invoice					
FY	Fund	Agency	Orgn	Appr	Rept Catg		
System Assigned Transaction Number							Occur Date