



Kingsville ISD
Professional Development Request Form
Instructional Staff

Name of Requestor: _____

Name of Conference, PD, or Training: _____

Date of PD: _____ City/State of PD: _____

List of Staff Attending: _____

Topic/Objective/Learning Outcome Session: _____

Alignment to DIP/ CIP/Grant: _____

How will this PD meet the needs of your students/ program/department? _____

Funding Source (Acct. number): _____

Please attach flyer/registration info.

Implementation Plan of Action

Action Checklist	Resources	Timeline	Formative Evaluation	Summative Evaluation
Pre/Post-Conference with Campus Principal to identify learning goal from the training for individual/campus implementation and alignment to KAPS.				
Timeline for implementation with students.				



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Action Checklist	Resources	Timeline	Formative Evaluation	Summative Evaluation
<p>How/when will Staff implement the knowledge /skills/pedagogy learned at PD?</p>				
<p>How/when will Staff share the knowledge/ skills /pedagogy learned with PLCs /staff?</p> <ul style="list-style-type: none"> • Use of blogs, • web resources • email conversations, podcasts and other applications such as Project Share. • PLC meetings 				
<p>How and when will staff evaluate the impact to student achievement?</p> <ul style="list-style-type: none"> • Collection of Data • Evaluate/analysis of data, patterns, and trends on the effectiveness of the pedagogy elements 				

Signature of Supervisor _____ **Date:** _____

ELT: Approved **Denied**