**PROFESSIONAL DEVELOPMENT REQUEST AND AGREEMENT - Please download before completing!**

**2021-2022 School Year**

Between Buckeye Community Hope Foundation

Accountability and School Improvement Department and

School Name:

The BCHF Accountability and School Improvement Department annually offers a catalog of professional development seminars on topics aligned to the needs of our sponsored schools. Our partnership requires a commitment on the part of the school in order for the seminar to result in professional development that makes a difference.

By requesting professional development from BCHF, the school agrees to provide the support necessary to result in successful implementation. Such support includes follow-up, follow-through, monitoring the use of new information and skills, and feedback to teachers or others who are acquiring new skills or learning. A detailed plan to how you plan to follow-up the professional development will be required at the follow-up meeting with your school improvement representative.

The active and enthusiastic participation of the school’s leadership team is essential for any program to be successful. In securing professional development services from the Buckeye Community Hope Foundation, the school leader agrees that he/she and the school’s instructional coaches and other administrators will attend and participate in all sessions.

All training is provided at no expense to BCHF-sponsored schools on a first-come, first-served basis. The team reserves the right to cancel subsequent sessions of any training series in cases where the school does not fulfill it commitments. **Please note that all professional development for 2021-2022 may be provided in virtual formats (Zoom, GoTo Meeting, Moodle, Google Classroom, etc.) or in person.**

**TITLE OF THE PROFESSIONAL DEVELOPMENT SESSION:**

Please specify the title of the session being requested from the BCHF Catalog. (If this is a request for a custom session not listed in the catalog, please describe in detail the content needed.)

**PLEASE DESCRIBE HOW THIS SESSION CONNECTS TO THE YEARLING FOCUS AREAS OF CULTURALLY RELEVANT TEACHING OR WRITING:**

**CONTACT INFORMATION**

Name of the person making the request:

Email of the contact person:

Phone number of the contact person:

**MEETING ARRANGEMENT INFORMATION**

Requested Date:

Alternate Dates:

Preferred Delivery Method (In person or virtual):

Address of site or location:

Start Time:       End Time:

Start Time of Lunch Break if applicable:       End Time of Lunch Break:

**PARTICIPANT INFORMATION**

Names and positions of administrative staff who will be attending:

     Yolanda Rodriguez (School Principal; will be in attendance)

Number of Attendees (Still finalizing staffing. Do not have all names yet)

Teachers:

Paraprofessionals:

Administrators:

Coaches:

Other:

Total:

**OTHER INFORMATION**

Please provide any other notes which the presenter might find helpful in fully meeting the needs of your school and the participants at the session. (For example, what training has been done previously on this topic? How many new versus returning staff members will be involved? What obstacles might be encountered, etc.?)

**ACTION PLAN**

What data have you examined which indicates that the requested professional development session would be important to your teachers and students?

Describe how the requested professional development session aligns or complements with other school improvement initiatives.

Describe how you, as a school leader will specifically implement and monitor the information in the professional development session for the remainder of the school year.

PLEASE PROVIDE A TIMELINE OF HOW YOU WILL IMPLEMENT THE INFORMATION IN THE PROFESSIONAL DEVELOPMENT THROUGHOUT THE REMAINDER OF THE SCHOOL YEAR. ALSO, NOTE WHO WILL BE RESPONSIBLE FOR MONITORING THE IMPLEMENTATION AND WHAT DOCUMENTATION WILL SERVE AS EVIDENCE:

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| --- | --- | --- | --- |
| DATE FOR IMPLEMENTATION | DESCRIBE IMPLEMENTATION STEP | WHO WILL MONITOR THIS STEP? | SAMPLES OF EVIDENCE |
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Your School Improvement Team Lead:

**AUTHORIZATION CONFIRMATION**

*By typing the names of the school leader and person making the request below, you are agreeing to the terms, conditions, and commitments specified in this request.*

Person Making the Request:      Yolanda Rodriguez

School Leader:      Yolanda Rodriguez

Please submit this completed form to the following address: [pdrequests819@gmail.com](mailto:pdrequests819@gmail.com)

PLEASE ONLY SEND AS A WORD DOCUMENT!! No Google docs or PDF’s please! Thank you.

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**BCHF USE ONLY**

Representative Assigned:       School Notification Sent: