

**Professional Learning Activity Approval**  
Washington West Local Standards Board

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ Level: \_\_\_\_\_

Endorsement(s) held: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Endorsement(s) to which this activity applies: \_\_\_\_\_

Name/title of activity: \_\_\_\_\_

Sponsoring Institution (if applicable): \_\_\_\_\_

Please check the activity for which you are requesting (#) \_\_\_\_\_ re-licensing hours/credits.  
 (See VSBPE Policy on Activities that Qualify for Professional Learning Credit for limitations and documentation requirements.)

- |  |  |
|--|--|
| 1. _____ Academic Course   | 2. _____ Workshop/Training/Conference/Seminar  |
| 3. _____ Designing/developing/ presenting/teaching courses, workshops, conferences | 4. _____ Applied experience in content area through employment, internship, educational travel, or volunteer service |
| 5. _____ Local school/district activities or action research/reform projects       | 6. _____ State education activities or reform projects/committees  |
| 7. _____ Institutions of higher education reform - Partnerships with K-12 schools  | 8. _____ Educational research and publication  |
| 9. _____ National Board for Professional Teaching NBPTS certification program      | 10. _____ Industry credentials (e.g. EMT or CDL add-ons)   |
| 11. _____ Peace Corps Experience   | 12. _____ Clinical CEUs for other required professional licenses   |
| 13. _____ School-business/industry or school-community partnership initiative      | 14. _____ Participation in Mentoring Program as a mentor or a mentee   |
| 15. _____ Other: _____   |  |

**Complete 1-3 for Optional Prior Approval:**

- Expected date of completion: \_\_\_\_\_ Anticipated hours: \_\_\_\_\_  
 Documentation to follow: (transcript, grade report, certificate of attendance)  
 Other: \_\_\_\_\_
- Attach a description of this activity.
- How does the activity connect to your IPDP/IPLP goal(s) and what are the expected outcomes?

**Complete 1-2 for Final Approval:**

- Submit appropriate documentation (transcript, grade report, certificate of attendance, etc.) (These will serve as artifacts in your portfolio)
- Submit a brief narrative of how this activity related to your IPDP/IPLP goal(s) and improved your teaching practice and student learning or is expected to improve practice and student learning.

\*\* Educators are **strongly encouraged** to submit documentation upon completion of activity or within \_\_\_\_\_ year(s) of completion of an activity.

**Portfolio connections**

The impact of this professional learning upon your practice must be incorporated into the reflective narrative about your goal as required as part of your portfolio.

Optional Prior Approval: \_\_\_\_\_  
Board Chairperson # Credits/ Hours Date

Final Approval: \_\_\_\_\_  
Board Chairperson # Credits/Hours Date

# Washington West Local Standards

\_\_\_\_\_ Board

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Name/title of activity: \_\_\_\_\_

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Please check the activity for which you are requesting (#) \_\_\_\_\_ re-licensing hours/credits. (See VSBPE Policy on Activities that Qualify for Professional Learning Credit for limitations and documentation requirements.)

1. \_\_\_\_\_ Academic Course 2. \_\_\_\_\_ Workshop/Training/Conference/Seminar 3. \_\_\_\_\_ Designing/developing/ presenting/teaching 4. \_\_\_\_\_ Applied experience in content area through courses, workshops, conferences employment, internship, educational travel, or volunteer service 5. \_\_\_\_\_ Local school/district activities or action 6. \_\_\_\_\_ State education activities or reform projects/ research/reform projects committees 7. \_\_\_\_\_ Institutions of higher education reform - 8. \_\_\_\_\_ Educational research and publication Partnerships with K-12 schools 9. \_\_\_\_\_ National Board for Professional Teaching 10. \_\_\_\_\_ Industry credentials (e.g. EMT or CDL add-ons) NBPTS certification program 11. \_\_\_\_\_ Peace Corps Experience 12. \_\_\_\_\_ Clinical CEUs for other required professional licenses 13. \_\_\_\_\_ School-business/industry or school- 14. \_\_\_\_\_ Participation in Mentoring Program as a community partnership initiative mentor or a mentee 15. \_\_\_\_\_ Other:

## Complete 1-3 for Optional Prior Approval:

1. Expected date of completion: \_\_\_\_\_ Anticipated hours: \_\_\_\_\_

Documentation to follow: (transcript, grade report, certificate of attendance) Other: \_\_\_\_\_

2. Attach a description of this activity

3. How does the activity connect to your IPDP/IPLP goal(s) and what are the expected outcomes?

**Complete 1-2 for Final Approval:**

1. Submit appropriate documentation (transcript, grade report, certificate of attendance, etc.)

(These will serve as artifacts in your portfolio) 2. Submit a brief narrative of how this activity related to your IPDP/IPLP goal(s) and improved your

teaching practice and student learning or is expected to improve practice and student learning.

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Portfolio connections The impact of this professional learning upon your practice must be incorporated into the reflective narrative about your goal as required as part of your portfolio.

**Optional Prior Approval:** \_\_\_\_\_

\_\_\_\_\_  
Board Chairperson # Credits/ Hours Date

**Final Approval:** \_\_\_\_\_

Board Chairperson # Credits/Hours Date