



**OUT-OF-DISTRICT REPORTING FORM FOR PROFESSIONAL DEVELOPMENT
REVISED JUNE 2013**

**NOTE: DOCUMENTATION MUST ACCOMPANY THIS FORM.
ASTERISK (*) items must be filled in before submitting to the Professional Development Office.**

*Name _____ *LRSD Pin No. _____

*School/Department _____ *Position _____ *Contact No.(School or Cell) _____

*Title of Professional Development _____

*Date(s) of Professional Development _____

NOTE: MUST IDENTIFY WHY YOU ARE SUBMITTING THIS FORM AND HOURS

- Make-up of missed PD date(s) _____ Hours requested (maximum of 6 hours per day) _____
- Medical Leave _____ Timeframe of approved medical leave _____ Hours requested _____
- Salary Credit --- Must be pre-approved; please attach approval form.
- Approved non-LRSD PD as listed on district calendar (Summer or Monthly)
- Approved 12 hours online per year (AR IDEAS) **NOTE: Attach only one form to certificate(s) of Completion**

To receive credit in the specific areas mandated by the state listed below, your documentation of attendance must specify the hours in the required focus area/categories below.

Identify the number of hours earned in SPECIFIC categories below (if any):

- 6 HOURS **ANNUALLY** --- EDUCATIONAL TECHNOLOGY _____
- 2 HOURS --- CHILD MALTREATMENT/MANDATED REPORTERS ACT 1236 (2013-14) - Then Every Fourth Year _____
- 2 HOURS --- PARENTAL INVOLVEMENT (2014-15) - Then Every Fourth Year _____
- 2 HOURS --- TEEN SUICIDE AWARENESS/PREVENTION ACT 770 (2015-16) - Then Every Fourth Year _____
- 2 HOURS --- ARKANSAS HISTORY (2016-17) - Then Every Fourth Year _____

NOTE: Providers in Arkansas who offer professional development must be ADE approved in order for the hours to be considered by the District.

ACCEPTABLE FORMS OF DOCUMENTATION: Certificate identifying the number of hours earned, the official agenda identifying workshops attended including timeframe, a conference sticker for a session, OR a copy of your notes from the workshop or a copy of the first page of a workshop's handout.

*Number of hours requesting per this form (excluding any hours in the box above) _____

*Required focus areas for Professional Development CHECK ONLY ONE RELATING TO YOUR INSERVICE IF NOT IDENTIFIED IN BOX ABOVE

- Content K-12 Instructional Strategies Assessment Advocacy/Leadership Systemic Change Process Standards, Frameworks, Curriculum Alignment Supervision Mentoring/Coaching Educational Technology Principles of Learning/Development Stages Cognitive Research Building a Collaborative Learning Community Parental Involvement Strategies Arkansas History Student Health/Wellness
- ADMINISTRATION: Data Disaggregation Instructional Leadership Fiscal Management Parental Involvement Strategies

*Principal or Supervisor's Signature _____ *Date _____

Return this form with documentation within 10 days of coming back on contract after summer break or **within ten (10) school days** post the workshop date during the school year to Sharon Kilsgaard in the Professional Development Department, IRC.

Office Use: Disapproved Approved Pending _____ Initial _____ Rec'd date _____