

# 3

## Level 3-Impact

## Request for Professional Development Points

Impact Points are awarded for *specific hours* from the original training that you have applied in your classroom. You must document each hour for which you are requesting credit.

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

Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Number of hours requested (x3): \_\_\_\_\_

Please mark **one** Goal to which the activity aligns.

Reading       Writing       Math

Personal Goal (from your blue PDP)

District Goal (please specify below)

How would you like your points applied?

Please check one
<input type="checkbox"/> Content
<input type="checkbox"/> Professional Education
<input type="checkbox"/> Service to the Profession

Please check all that apply
<input type="checkbox"/> Recertification
<input type="checkbox"/> Salary Enhancement

Impact of implementation using **two additional** pieces of evidence with feedback. Evidence should be collected at **several** intervals over the course of at least two semesters (one academic year) or a logical cycle following implementation.

- |   |   |
|---|---|
| <input type="checkbox"/> Teaching resources/units (attach lesson plans) | <input type="checkbox"/> Review of student product (attach summary) |
| <input type="checkbox"/> Teacher log/journal (attach summary)           | <input type="checkbox"/> Student achievement (attach results)       |
| <input type="checkbox"/> Written paper (attach paper)                   | <input type="checkbox"/> Formal/informal data (attach summary)      |
| <input type="checkbox"/> Audio/Video presentation                       | <input type="checkbox"/> Peer coaching (attach summary)             |
| <input type="checkbox"/> Classroom observation (attach summary)         |   |

Student Impact: What learning, behavior change, or impact was realized? \_\_\_\_\_

**Please submit a copy of the agenda from your training with this form.**

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

**This section is to be completed by a member of the Professional Development Committee.**

Select one:       Approved  
                      Denied (incomplete form)

Number of points approved: \_\_\_\_\_  
 Denied (see below)

\_\_\_\_\_  
(PDC Chairperson)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(PDC Member)

\_\_\_\_\_  
(Date)