

**CLAY COUNTY SCHOOLS  
PROFESSIONAL DEVELOPMENT  
REQUEST FOR PRIOR APPROVAL**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Position/Grade: \_\_\_\_\_ School: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Time Involved: \_\_\_\_\_ Units of Credit Requested: \_\_\_\_\_

How does this activity relate to your School Improvement Plan? \_\_\_\_\_  
\_\_\_\_\_

How does this activity relate to your Individual Growth Plan? \_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED COST OF THIS ACTIVITY**

Registration \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Meals/Hotel \$ \_\_\_\_\_

Substitute \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

\*\*\*\*\*  
Funding Source for this Activity: \_\_\_\_\_

\_\_\_ Approved

\_\_\_ Disapproved

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_ Approved

\_\_\_ Disapproved

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
Date

**CLAY COUNTY SCHOOLS**  
**PROFESSIONAL DEVELOPMENT FOLLOW-UP PLAN**

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

TITLE OF WORKSHOP/ACTIVITY \_\_\_\_\_

DATE OF ACTIVITY \_\_\_\_\_ SPONSOR \_\_\_\_\_

**Instructions: Phase I of this form should be completed immediately following the professional learning activity or experience. Phases II and III should be completed as directed. Use the completed form to strengthen your professional learning and to guide the development of your individual growth.**

PHASE I: Summarize the change (knowledge, skill, behavior, attitude or other) resulting from the professional learning activity or experience. Create an immediate action plan detailing specific action you will take based on the change described.

PHASE II: Revisit your action plan in **2 weeks** following the professional learning activity or experience and respond to the following:

Detail: What actions did I take to implement my plan? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reflect: What worked? Why? What didn't work? Why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

React: What are my next steps? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHASE III: Revisit your action **6 weeks** following the professional learning activity or experience and respond to the following:

Detail: What actions did I take to implement my plan? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reflect: What worked? Why? What didn't work? Why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

React: What are my next steps? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature attests to the accuracy of this documentation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature