



Advertised

Unadvertised

**CLAYTON COUNTY PUBLIC SCHOOLS
DEPARTMENT OF PROFESSIONAL LEARNING COURSE SYLLABUS**

School/Department Contact: _____	Date Submitted: _____
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Content Area: _____	Name of Course: _____	Number of Participants: _____ Number on Waitlist _____
Pathway: _____	Strand: _____	Pathway Level (please check one) Induction <input type="radio"/> Professional <input type="radio"/> Advanced <input type="radio"/>

By what means of assessment was the need for this activity established? (Check all that apply)

Assessment: <input type="checkbox"/>	SACS Recommendation: <input type="checkbox"/>	Strategic Goals: <input type="checkbox"/>	Academic Achievement Plan: <input type="checkbox"/>
Area of Certification: <input type="checkbox"/>	State/local requirements: <input type="checkbox"/>	School Improvement Plan: <input type="checkbox"/>	
This training is aligned to TKES Standard (s): _____	This training is aligned to LKES Standard(s): _____	This training is aligned to Strategic Goal(s): _____	

Who may register for this course?

Teachers: <input type="checkbox"/>	Paraprofessionals: <input type="checkbox"/>	Classified: <input type="checkbox"/>	Administrators: <input type="checkbox"/>
If others are allowed to register who gets first priority (TAPP, teachers, etc.): _____			
Specific requirements for participation (PLP, PLG, or advanced certification): _____			

Course Logistics

Dates	Times	Location
Face-to-face hours : _____	Online hours: _____	Practicum hours: _____

Total course hours (If a course is all day please subtract lunch break.): _____

Financial Requirements

Description	Number	Total Amount	Department Funding Source (Professional Learning, Title I etc.)
Books		\$	
Materials		\$	
Stipends (per participants)		\$	
Instructor fee (per instructor)		\$	



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Please note: *If the presenter is a sole source, a sole source letter must be submitted as documentation. If presenter fees are \$5,000.00 or more, you must submit two additional quotes for the same service. If the costs are \$10,000.00 or more, you must submit two quotes and have the approval of the supervising chief. Presentations costing \$50,000.00 or more must go through the RFP process.*

Course Description

Please provide a brief description of the course. This description will be advertised on PExpress.

Instructor Information

Name of Instructor (s):

Briefly describe education and experience that make this instructor qualified to teach this class:

Course Goals, Practices, and Expected Outcomes

List the goals of this activity/course:

Describe how these goals will affect students:

What professional practices will be developed or enhanced by this activity/course?



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List the competencies to be demonstrated by the participant at the conclusion of the activity:

Select the assessment strategies the instructor will use to affirm that participants are mastering the competencies during the course activity. (Check all that apply)

Application: <input type="checkbox"/>	Analysis: <input type="checkbox"/>	Reflection: <input type="checkbox"/>	Coaching: <input type="checkbox"/>	Refinement: <input type="checkbox"/>	Evaluation: <input type="checkbox"/>
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Describe the on-the-job performance procedures that will be used to demonstrate that the participant is using the information in the job setting:

Who will be responsible for monitoring the on the job performance? How will the evaluator know what job embedded strategies will be learned?



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Room Reservations

Please complete the Room Request Form below. Once the syllabus is approved the request for a room will be entered and you will receive a room confirmation.

Room Request Form

Event Information

Today's Date: _____	Event Date(s): _____	Name of Event: _____
Estimated Attendance: _____	Times : _____	Primary Contact Name: _____
		Primary Contact Email: _____

Facility Information

Please circle room(s) and items requested

Rooms Requested	Technology Equipment Requested	Presentation or Class Supplies Requested
Small Meeting Room (10 Maximum Occupancy)	Laptop for Presentation	Flip Chart
Regular Classroom (30 Maximum Occupancy)	Laptop Cart	Flip Chart Markers
Double Classroom (60 Maximum Occupancy)	Presentation Remote	Dry Erase Markers
Large Meeting Rooms (50 minimum 200 maximum occupancy)	Wireless Microphone	Copies (10¢ per copy)
Computer Lab (25 maximum occupancy)	Lapel Microphone	
Catering Kitchen	Document Camera	

Room Set-Up

Classroom Style: table and chairs	Presentation Style: Chairs only	Custom: If using large meeting room or double classrooms, will the wall dividers need to be closed?
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Course Procedures Checklist Submission of Course Syllabus by Department Coordinator/School Principal

- ✓ The Professional Learning Department will only accept a course syllabus from a department director, coordinator, or school principals
- ✓ Please submit the course syllabus/contract agreement via email to the Cassandra Harris and Avé Tatum for approval. You will receive an approval for entry email from Avé Tatum.

After the course is completed it is the responsibility of the Instructor or the Department Coordinator/Principal to submit to the Professional Learning Department in person the following:

- ✓ Copy of the approved course syllabus
- ✓ Original sign-in sheets for each class date, include any dates for online hours
- ✓ Professional Learning Overall Course Completion form
- ✓ Printed evaluations from PDEExpress and any evaluations administered by the department
- ✓ Instructor must sign the official completion checklist form with Cassandra Harris.

Instructor Agreement (This only applies if the instructor fees are being paid by the Professional Learning Department)

Instructor's name: _____

This is an agreement to assure you that your payment for the professional learning service of:

Name of course or Activity	Dates	Time

Will be \$ _____ Amount	disbursed as follows: _____ Month/Year	Provided the class is closed by the payroll deadline.

Dr. Gloria Duncan _____
Director of Professional Learning Date

- I understand I **will not** receive payment until all paperwork is completed and turned into Professional Learning. In the event that I am absent from an assigned class, I will contact the professional learning office as soon as possible so that the appropriate person(s) can receive compensation. I will not receive payment for class session(s) for which I am absent.
- If more than one person teaches the same class, the total amount will be divided amongst all the instructors. The amount scheduled to be paid to you is shown above.
- Please contact the Professional Learning office if you wish to pay any guest speakers. Those funds will be deducted from the instructor payment listed above and will be disbursed through the Professional Learning office.
- Please sign, date and return the original to the Professional Learning Center.

Prior approval from the district and TRS is required before TRS retirees can be hired.

Please check one: ___ I am a retiree of TRS ___ I am not a retiree of TRS

Signature _____ Employee Number _____ Date _____