



## Garrett County Professional Development Planning Form Request for Proposals

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<b>Title of the activity or program:</b>	
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<b>Submitted by:</b>		<b>School:</b>	
<b>Content/Subject Area:</b>		<b>Date:</b>	

### Plan Summary

Use this space to provide a brief description of the professional development.	
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### Section 1: Need

Briefly describe the student learning needs that were identified. Be sure to describe the data reviewed to identify the student learning needs.	
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### Section 2: Participants

Use the following matrix to indicate who will participate in the professional development. (“X” all that apply)

Grade Level:		PreK-2		Gr. 3-5		Gr. 6-8		Gr. 9-12
Subject Level:		English/LA		Math		Science		Social Studies
		World Language		Fine Arts		Special Ed.		Health/PE
		Career Prep		Other*				

Which of the following are also expected to participate in the professional development:

	Principals/Other School Leaders	Resource Teachers, Mentors, Coaches		Paraprofessionals		Other*
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\*If other, please specify

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Will the participants work as members of a group or team?

	Yes		No
	Estimated number of participants		Estimated number of participant groups or teams

**Section 3: Professional Development Outcomes and Indicators (Tie to curriculum/Common Core)**

Use this space to list the intended professional development outcomes and related indicators.	
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**Section 4: Implementation Plan**

Briefly describe the types of activities that will be implemented during the professional development. Include UDL strategies that address the adult learner.	
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**Section 5: Budget**

Please complete as appropriate. Not every budget will include line items in each of the six categories.

Budget Category	Consideration	Number	Estimated Cost
I	Number of participants that will require a stipend or substitute Estimated Cost = Number of participants x Number of days x \$125.00		
II	Estimated Cost of consultant fees (Including Travel)	n/a	
III	Length of training (0.5 or full day)		n/a
IV	Cost for facilities*	n/a	
V	Cost for materials	n/a	
VI	Facilitator Stipend (if conducted by a GC teacher) Estimated Cost = Number of facilitators x Number of days x \$187.50		

\*If there is a facility cost, please specify location

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**APPROVAL (To be completed by the Supervisor for Professional Development only)**

Date Approved	Amount Granted for this PD Activity
Comments	

