



# PROFESSIONAL DEVELOPMENT SERVICE PROVIDER INFORMATION

STEM.Center@atu.edu

Organization/Agency/Vendor: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Event Type and Details (§ 5.04 of the Arkansas Rules Governing Professional Development (ARGPD))

*Check all that apply.*

\_\_\_\_ Conference    \_\_\_\_ Institute    \_\_\_\_ Workshop    \_\_\_\_ Course    \_\_\_\_ Other: \_\_\_\_\_

This event will be available to participants:    \_\_\_\_ online    \_\_\_\_ in a traditional setting

Date(s) of event:    from \_\_\_\_\_ to \_\_\_\_\_    **OR**    \_\_\_\_ available upon request

Registration dates:    from \_\_\_\_\_ to \_\_\_\_\_

Credit hours available to participants: \_\_\_\_\_

\_\_\_\_ Undergraduate / graduate credit will be available

## Focus Areas (§ 5.02 of the ARGPD)

*Check all that apply and provide details of how the event incorporates the focus area.*

\_\_\_\_ 1. Content (K-12)

Details:

\_\_\_\_ 2. Instructional Strategies

Details:

\_\_\_\_ 3. Assessment

Details:



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\_\_\_\_4. Advocacy/Leadership

Details:

\_\_\_\_5. Systemic Change Process

Details:

\_\_\_\_6. Standards, frameworks, and curriculum alignment

Details:

\_\_\_\_7. Supervision

Details:

\_\_\_\_8. Mentoring/Coaching

Details:

\_\_\_\_9. Education Technology

Details:

\_\_\_\_10. Principles of learning/developmental stages

Details:

\_\_\_\_11. Cognitive research

Details:

\_\_\_\_12. Parent involvement

Details:

\_\_\_\_13. Building a collaborative learning community

Details:

\_\_\_\_14. Student Health and Wellness

Details:



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## Criteria: National Staff Development Council Standards (§ 5.04 of ARGPD)

### All PD APPROVED MUST MEET AT LEAST ONE OF THE NSDC STANDARDS!

#### ➔ ***Context Standards: Check all that apply and provide details of how the event meets the standard.***

- \_\_\_\_ 1. Requires skillful school and school district leaders who guide continuous instructional improvement.

Details:

- \_\_\_\_ 2. Organizes educators into learning communities whose goals are aligned with those of \_\_\_\_\_ the school and school district.

Details:

- \_\_\_\_ 3. Requires resources to support educator learning and collaboration.

Details:

#### ➔ ***Process Standards: Check all that apply and provide details of how the event meets the standard.***

- \_\_\_\_ 1. Uses disaggregated student data to determine educator learning priorities, monitors progress, and helps sustain continuous improvements.

Details:

- \_\_\_\_ 2. Uses multiple sources of information to guide educator improvement and demonstrate its impact.

Details:



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\_\_\_\_3. Prepares educators to apply research to decision making.

Details:

\_\_\_\_4. Uses learning strategies appropriate to the intended goal.

Details:

\_\_\_\_5. Applies knowledge about human learning and change.

Details:

\_\_\_\_6. Provides educators with the knowledge and skills to collaborate.

Details:

➡ **Content Standards:** *Check all that apply and provide details of how the event meets the standard*

\_\_\_\_1. Prepares educators to understand and appreciate all students, create safe, orderly and supportive learning environments and hold high expectations for their academic achievement.

Details:

\_\_\_\_2. Deepens educators' content knowledge, provides them with research-based instructional strategies to assist students in meeting rigorous academic standards, and



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prepares them to use various types of classroom assessments appropriately.

Details:

- \_\_\_\_\_3. Provides educators with knowledge and skill to involve families and other stakeholders appropriately.

Details:

- **Brief Description:** Provide a brief narrative of the proposed professional development activity. The narrative should support the selections made under Criteria.
  
- **Supporting Bibliography:** Include current research sources listing title, author, and date. For course approvals, you may attach a syllabus.
  
- **Presenter(s) and qualifications:** You may attach a current resume or vitae.

*Audience:* Indicate grade level and/or content area.

*References:* List name, title, and contact information.



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## PROFESSIONAL DEVELOPMENT SERVICE PROVIDER ASSURANCES

\_\_\_\_\_ (Organization/Agency/Vendor) assures that it will adhere to the high standards of professional development as described in the Arkansas Department of Education's Rules Governing Professional Development (October 2009).

\_\_\_\_\_ (Organization/Agency/Vendor) assures that professional development documentation will be provided to each participant and that documentation will only be provided for sessions that meet the high standards of professional development as described in the Arkansas Department of Education's Rules Governing Professional Development (October 2009).

\_\_\_\_\_ (Organization/Agency/Vendor) assures that records of attendance and completion of professional development services will be maintained by the provider and made available to the Arkansas Department of Education upon request.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature  
*An electronic submission constitutes an original signature.*

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Date

Please return the completed form to: Steve Zimmer, Director, Math & Science Institute; 1507 N. Boulder Ave; Russellville, AR 72801. fax: 479-964-0542 email: szimmer@atu.edu

You may return the form by regular mail, by fax or by e-mail.

**Place your information and contact numbers here:**

**Name** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_