

PL Plan 2020-2021

Certified Employee Hours

Employee: _____

Directions:

Use this form to track PL time. Hole-punch and place in the PL binder upon completion.

Certified Staff are required to attend 45 Hours of Professional Learning. Hours must come from PD & Plan Lists or as pre-approved by a supervisor:

| Date | Hours | Training/ Requirement | Who Should Attend? | Point of Contact Person | Initial for Sessions Completed | Supervisor Verification of Attendance |
|--|-------|--|--|-------------------------------|--------------------------------------|---|
| Before School Begins | 3 | Safe Schools Training on your own | All Certified and Classified | Building Admin | | |
| TBD | 6 | CUA Analysis | All Teachers (Classroom, Spec. Ed, Interv., Spec. Areas) | J. Stahl | | |
| TBD | 6 | Educlimber/RTI/ Other Technology | All Teachers (Classroom, Spec. Ed, Interv., Spec. Areas) | J. Stahl | | |
| Summer 2020 | 6 | Focus Standards/ Missing Standards Curriculum Work | Classroom and Intervention | J. Stahl | | |
| TBD | 6 | Social Studies Standards/ Curriculum Work | All Teachers (Classroom, Spec. Ed, Interv., Spec. Areas) | J. Stahl | | |
| TBD | 2 | Testing Training | All Certified and Classified | BAC | | |
| TBD | 6 | Special Education PLC and Trainings | Special Education Teachers | D. Pollard | | |
| During School Year | 6 | Session/Conference/PLCs Related to Field | Special Areas | | | |
| | 3+ | Technology Required Training | | | | |
| <i>Any other training must be pre-approved by your building administrator</i> | | | | | | |
| | | | <i>Must be pre-approved</i> | | | |
| | | | <i>Must be pre-approved</i> | | | |
| TOTAL HOURS (MUST HAVE) | | | | | | |

| | | | |
|--|----------------------|-------------------------------------|----------------------|
| _____ Certified Employee Signature | _____ Date | _____ Principal Signature | _____ Date |
|--|----------------------|-------------------------------------|----------------------|

Employee: _____

Total of PD and Plan Should Total 45 Hours

| Date | Hours | Training/Requirement | Point of Contact Person | Initial for Sessions Completed | Supervisor Verification of Attendance |
|------|-------|---------------------------------------|-------------------------|--------------------------------|---------------------------------------|
| | 3 | Medication Training PHS Auditorium | Wolfe | | |
| | | Medication Skills Test | | | |
| | 4 | CPR | Wolfe | | |
| | 1 | First Aid | Wolfe | | |
| | 2-8 | De-Escalation Strategies | Compton | | |
| | 3-6 | SBDM Training | Principal | | |
| | 3 | New people giving Brigance | Stahl | | |
| | 1 | Experienced people giving Brigance | Stahl | | |
| | 6 | RtI Work Sessions | Stahl | | |
| | 1 | Technology Training _____ | TRT | | |
| | 1 | Technology Training _____ | TRT | | |
| | 1 | Technology Training _____ | TRT | | |
| | 1 | CSIP Related Session | | | |
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Any other training must be pre-approved by your building administrator

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|-----------------------------|--|--|--|--|--|
| <i>Must be pre-approved</i> | | | | | |
| <i>Must be pre-approved</i> | | | | | |

TOTAL HOURS (MUST HAVE 45 from both pages)

*Some sessions may be mandatory.

| | | | |
|-------------------------------------|-------------|----------------------------|-------------|
| _____ | _____ | _____ | _____ |
| Certified Employee Signature | Date | Principal Signature | Date |