

**PROFESSIONAL GROWTH ACTIVITY FORM
GIBBON PUBLIC SCHOOLS**

NAME _____

A professional growth plan must be updated at the beginning of each school year. It is recommended that each staff member keep track of their own professional growth points. The building principal will maintain the official professional growth point accumulation of each staff member under their supervision.

To meet the professional growth requirements for a given six-year period, a permanent certificated staff member must have completed approved professional growth activities totaling twenty-four (24) points.

APPLICATION FOR PROFESSIONAL GROWTH CREDIT

I hereby make application for fulfillment of _____ professional growth points of the 24 required by:

I. Formal Classwork (Point Total in Faculty Handbook)

- _____ A. College Credit
- _____ B. Auditing College Courses

Describe by course number, title, college, credit hours received and date taken. Attach transcript if not already filed in superintendent's office.

II. Professional Meetings (Point Total in Faculty Handbook)

- _____ A. Professional Conferences, Conventions, Clinics, or Special Meetings
- _____ B. Workshops
 - _____ 1. School district designed
 - _____ 2. Externally designed
- _____ C. Workshops and/or clinics related to extra-duty assignments or responsibilities
- _____ D. Professionally related commissions or committees.
- _____ E. Demonstration teaching and/or presenting in-service program to colleagues.
- _____ F. Supervision of student teacher

_____ G. Membership on district committee

Describe nature of meetings, workshops, etc., and how these activities are related to and helpful in assigned area, endorsement, or special previously approved project.

III. Approved Activities

_____ A. Published Research Projects or Curriculum Related Materials

_____ B. Educational Travel

_____ C. Adult Education Classes

_____ D. Grant Writing

_____ E. Other

Attach appropriate documentation and proof of worthiness of activity for professional growth credit.

Signature of Applicant _____ Date _____

The aforementioned activity and/or hours ARE/ARE NOT (Circle One) approved toward meeting the requirements for professional growth credit.

Principal Signature _____ Date _____