

Appendix I

Morris County USD #417 Staff Development Activity Plan Approval Form - Checklist

Activity Title	Yes	No	Revise
1 The implementation year is clearly stated.			
2 At least one person accepts leadership responsibility for the activity.			
3 A need for this activity is clearly stated.			
4 The USD #417 goals and objectives are clearly stated.			
5 The targeted group is identified and clearly stated.			
6 Qualifications and recommendations for the activity presenter are clearly stated.			
7 Strategies and materials are outlined.			
8 A suggested time and/or timeline is clearly stated.			
9 District expense proposal is attached if needed.			
10 The level of performance [outcomes] of participants is clearly stated.			
11 A method of evaluation is clearly stated.			
12 The plan is signed by the activity leader.			
Professional Development Council			
Comments:			
One Copy - Professional Development Council		One Copy - Activity Sponsor	
Recommended for Approval by:		PDC Chairperson's Signature:	Date:

Date:		Superintendent's Signature:	Date:

Not Recommended for Approval by:			

Date:		BOE Representative's Signature:	Date:
