Appendix H

Morris County USD #417

Staff Development Activity Plan

Recommendation Form

Group/Person(s) submitting this plan:			**Date:**	**Implementation Year:**
Title of the Activity:			**Name of Activity Leader(s):**	
1	Describe the activity.			
2	How were the needs for this activity determined? _____ Small Group _____ Student Data _____ Survey/Group Request _____ Observation of Students _____ Interviews _____ Other:			
3	USD #417 Goals and Objectives:			
4	Targeted Group: Number of Participants in Targeted Group:			
5	Recommendations for and qualifications of the instructor or presenter:			
6	Strategies and materials that will be used in the activity:			
7	Suggested time and/or timeline necessary to complete the activity:			
8	District Expense Proposal [Include Requisition]:			
9	Expected level of performance [outcome] for activity participants:			
10	Describe the method(s) that will be used to evaluate the effectiveness of the activity.			
11	The activity sponsor(s) will submit the following items to the PDC Chairperson:			
		Meeting Agenda (Each Activity Session)		Participant Evaluations (End of Year/Activity)
		Meeting Minutes (Each Activity Session)		Analysis of the Activity (End of Year/Activity)
Activity Leader's Signature:			**Date:**	

Professional Development Council Only				
Professional Development Council's Consideration	Approved/Date:	Not Approved/Date:	PDC Chairperson's Signature:	Date:
			BOE Representative's Signature:	Date: