District CLU Committee

Lisa Cheek	Federal Programs Director
Harold Gallman	Personnel Director
Robyne Crow	Curriculum Supervisor
Christy Hendrix	Title I Supervisor
Kym Trisler	Teacher
Connie Williams	Principal

NOTES REGARDING A TEACHER'S PORTFOLIO:

You may use the checklist page below to list CLUs and place the certificates behind the checklist. You may use a folder or notebook for your portfolio. The following items should be placed in your folder and available for district and state monitors:

Copy of teaching certificate
University Transcript
Praxis and/or NTE scores (or proof of HQ status)
CLU certificates

CLU Documentation Checklist   **SCHOOL YEAR** _____ **(example: 2006-2007)**

Name_____**Certificate Type**_____**Years Experience**_____

Years in this school _____

Areas(s) of Certification_____

School _____

 Content Area(s) Assigned _____

Attachments: ___teaching certificate   ____transcripts   ___Praxis/NTE scores   ___HQ certificate   ___CLU certificates

CATEGORY	TITLE OF ACTIVITY	DATE	HOURS	CLUs
Individual Growth				
Collaborative Growth				
Formal Study Group				
Face-to-Face				
Positive Beh. Support (24 CLUs)				

Category cont'd	Title of Activity cont'd	Date	Hours	CLUs
LETRS (5 CLUs)				
INTECH (56 CLUs)				
INTECH, Sci. (28 CLUs)				
INTECH, Soc. St. (28 CLUs)				
DIBELS (5 CLUs)				
School Improvement (16CLUs)				
SAM (12 CLUs)				
SIM				
Accountability (8 CLUs)				
Federal Programs (4 CLUs)				
On Line Weeks 12, 8, 4, 2,				
CLUs 45, 30, 15, 8				
Video Conferencing				
Specialized Program-specific				
LATAAP				
LPI				
DAT				
Teacher Mentor				
Master Teacher				
Cluster Group				
Lead Instructor/On line				
NCATE/State Board Team				

Blue Ribbon Commission				
LINCS				

_____

Teacher's Signature   **Date**

_____

Principal's Signature   **Date**

_____

CLU Committee Member's Signature   **Date**

_____

Personnel Director   **Date**

Please use the guidelines on the following 2 pages to determine if professional development will qualify for CLUs.

Completion of these pages along with documentation mentioned in #18 may be submitted for review to the CLU committee. After approval, certificates will be sent to the participants.

RICHLAND PARISH
Criteria for Quality Professional Development

Points to determine if the professional development will qualify for CLUs

Yes   No   1.Designed to increase content knowledge and/or improve instructional content practices.

Yes   No   2. Aligned with Standards, Benchmarks, and GLEs.

Yes   No   3. Aligned with NCLB

Yes   No   4. An integral part of the school-wide and district-wide improvement plans.

Yes   No   5. Aligned with the teacher's individual professional growth plan

Yes   No   6. Classroom-focused and linked to current job responsibilities.

Yes   No   7. Job-embedded

Yes   No   8. Based on an analysis of current student needs.

Yes   No   9. Provides follow-up activities that support effective implementation in the classroom.

Yes   No   10.Includes instruction in the use of data and assessments to assist in meeting student needs

Yes   No   11. Utilizes strategies that meet the learning styles of adult learners.

Yes   No   12. Includes strategies for addressing the needs and learning styles of all students.

Yes   No   13. Incorporates proven methods for closing the achievement gaps of subgroups.

Yes   No   14. Incorporates technology to improve teaching and learning in the curricula.

Yes   No   15. Incorporates meaningful evaluation to determine impact on teacher knowledge.

Yes   No   16. Includes instruction/guidance in effective methods to work with/engage/train parents.

Yes   No   17. Developed with input from teachers, principals, parent and administrators.

Yes   No   18. Evidence of appropriate documentation:

Agenda, Handout(s), Final grade (transcript),Teaching/Meeting log(s)
Action Plan, Student work samples, Work produced, Certificates

PD must reflect: 1, 4, 6, 7, 8, 9, 11, 12, 13, 15, 17,, 18
And at least one of the following: 2, 3, 5, 10, 14, 16

RICHLAND PARISH PROFESSIONAL DEVELOPMENT

Workshop Title:

Presenter (s):

Dates and Times:

Research based strategy or regulation the workshop will address:

Describe the purpose of the workshop: (include content and suggested grade level(s))

Describe how student learning will be affected:

Type of workshop evaluation: (attach a copy)

Type of follow-up: (when and how – must be multiple times)

Recommended number of CLU's that the participant will earn: _____

Subject area CLUs will be awarded for: _____

Sign ins and agendas attached.