**Professional Development Plan and Evaluation (Title IIA)**

**School:**

**School Year:**

The following plan is to be completed as part of the ongoing consultation process between **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**School District and **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**for Title IIA- Improving Teacher Quality. The plan identifies professional learning to be offered, how, where and by whom services will be provided, how services will be assessed and improved based on service results, and the size and scope of service. Services will be provided to private schools on the based on the plan outlined in this document.

Plans are considered living documents and may be modified throughout the service year in order to meet needs of schools.

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| **School:**  |
| Address:  | City:  | State: Oregon | Zip:  |
| Enrollment:  | Grades served:  | Number of Teachers:  | Preliminary Allocation:  |
| School Administrator/Representative:  |
| Phone Number:  | Email Address:  |

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| **SECTION 1: Needs Assessment**Identify your students’ academic needs and provide appropriate data for support. Examples of supporting data include student testing data, work samples, notes from classroom observations, enrollment data, attendance and behavior data, notes from staff meeting discussion, and teacher surveys.  |  |
| **What data was collected?**  |  |
| **How was the data analyzed?** |  |
| **LEARNING NEEDS (What student gaps exist?)** |  |
| **PROBLEMS OF PRACTICE (What elements of instruction need to be improved in order to address the learner-centered problem?):**  |  |

| **SECTION 2: Strategies to Meet Identified Needs**Describe the strategies you will undertake to meet the needs identified. |
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| **Identified Need 1** |
| **Strategy Description** **(WHAT knowledge and skills will participants receive?** **Please indicate how the strategy meets the USED definition\* of professional learning?***\*’high quality, sustained, intensive, and classroom-focused in order to have a positive and lasting impact on classroom instruction and the teacher’s performance in the classroom and not 1-day or short-term workshops or conferences.”* | **Staff InvolveD (WHO will participate?)** | **ANTICIPATED DATE OF COMPLETION** | **ESTIMATED COST** | **PERSON RESPONSIBLE** |
|  |  |  |  |  |
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| **SECTION 2: Strategies to Meet Identified Needs**Describe the strategies you will undertake to meet the needs identified. |
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| **Identified Need 2** |
| **Strategy Description** **(WHAT knowledge and skills will participants receive?** **Please indicate how the strategy meets the USED definition\* of professional learning?***\*’high quality, sustained, intensive, and classroom-focused in order to have a positive and lasting impact on classroom instruction and the teacher’s performance in the classroom and not 1-day or short-term workshops or conferences.”* | **Staff InvolveD (WHO will participate?)** | **ANTICIPATED DATE OF COMPLETION** | **ESTIMATED COST** | **PERSON RESPONSIBLE** |
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\*Please Note: When the district is being monitored by ODE, a copy of this evaluation document should be submitted with the district’s monitoring materials for each private school that is participating in Title IIA.

School Name: District Name:

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| **SECTION 3: Evaluation** |
| **How do you know the Professional Development happened?***Evidence could include:** *Verification of staff attendance at professional development trainings (e.g.; sign in logs, printouts of attendees)*
* *Verification that meetings/ PLCs/conferences/workshops took place (e.g.; agendas, minutes, exit tickets, response logs)*
* *Verification of coursework/credits/testing (e.g. course registration, transcripts, evidence of endorsements/ licensure)*
* Other (please describe)
 | **Evidence:** |
| **Evaluation of Implementation: How does the private school ensure that IIA funded strategies are implemented in classroom/school?***Evidence could include:** *Conducting observations/walkthroughs*
* *Collecting artifacts of educator practice*
* *PLC/data team notes and documentation*
 | **Evidence:** |
| **Evaluation of Impact: What was the impact of the IIA funded strategies?**Note: Impact can be demonstrated on teacher instructional practice/administrator leadership and/or student outcomes.*Evidence could include:** *Perception data (e.g. survey data)*
* *Changes in educator practice (e.g., change in performance against standards of professional practice)*
* *Student achievement and/or growth data*
* *Attendance and/or behavior data*
* *Graduation rate, course participation rates*
* *Changes to district policies/practices (e.g.; changes in scheduling, changes to priorities)?*
 | **Evidence:** |

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| **SECTION 4: Agreement to Plan** |

**School Name**

WE AGREE that this plan is the product of meaningful and timely discussions between \_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School District.

WE AGREE that meaningful consultation occurred before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School District made any decision affecting the participation of eligible private school staff.

WE AGREE that all requests to expend of our Title IIA allocation will correspond to the plan outlined above and that should the needs of our school change, we will work with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School District to create a new/modified plan.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Title IIA Guidance can be found on the Oregon Department of Education* [*Title IIA Guidance webpage*](https://www.oregon.gov/ode/schools-and-districts/grants/ESEA/IIA/Pages/Title-II-A-Guidance.aspx)*.*

**XXXX School District**

WE AGREE that this plan is the product of meaningful and timely discussions between **School Name** and **XXXX School District.**

WE AGREE to provide services to eligible **School Name** teachers based on the plan outlined above.

WE AGREE to work with **School Name** to modify existing plans and/or create new plans should the needs of **School Name** change.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_