

central okanagan
teachers' association

#210 - 1751 Harvey Ave.
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Individual Pro-D Activity Form

The Individual Pro-D Activity planning initiative recognizes that teachers' professional development requirements are diverse and that individuals or small groups of teachers can use their time wisely to meet their own needs.

A Copy of the Individual Pro-D Activity form follows
(please note you will need to make photocopies for your staff)

Use: If a teacher's presence is not essential for a school-based professional day activity (team building or activities related to school or department-wide goals, philosophy or procedures, for example), a teacher may request to use the day for an alternate professional development activity.

This form must be filled out at least 10 school days prior to the activity and must be approved by the school's professional development committee.

INDIVIDUAL PRO-D ACTIVITY FORM

Professional development is a teacher directed initiative intended to improve the quality of education. It consists of a variety of activities including reading, studying, taking courses, participating in research, engaging in discussions with colleagues, attending conferences, and evaluating school services.

Purpose of the Individual Pro-d Activity Form:

- This form recognizes the teacher's request for an optional activity on a district-wide and/or school-based day **when the teacher's attendance is not essential for the planned activity**. This form provides information to the school Professional Development Committee about your Pro-d activity.
- Please submit this form to your School's Pro-d Chairperson **no less than 10 school days prior to the date requested** so that other teachers can be made aware of what you are planning to do and possibly exercise the option of joining you. The School Pro-d Committee will also want to approach you about sharing the knowledge you have gained at a future date.

Name: _____

School: _____ **Phone:** _____

Pro-d Date Requested: _____

Activity Planned: _____

Do you wish to share this activity with others? _____

Location for Activity: _____

Date Received by School Pro-d Chairperson: _____ (initials)

Copies to:

- the School Principal
- the C.O.T.A. Pro-d Chairperson (Fax: 862-3024)