## Continuing Professional Development Credit for Teachers Request to Offer Through Eastern Illinois University

Name:			
Address:			
Email:  Affiliation/Agency/Group:  Event Requesting Approval:  Number of Professional Development Hours Requesting (Contact Hours)  Brief Description of Event (Draft Brochure of Event if available):			
		Outcome(s) for the Professional Development from appro- increase the knowledge and skills of school and district leaders who guide continuous professional development; improve the learning of students; organize adults into learning communities whose goals are aligned with those of the school and district; deepen educator's content knowledge; provide educators with research-based instructional strategies to assist students in meeting rigorous academic standards;	<ul> <li>o prepare educators to appropriately use various types of classroom assessments;</li> <li>o use learning strategies appropriate to the intended goals;</li> <li>o provide educators with the knowledge and skills to collaborate</li> <li>o prepare educators to apply research to decision—making.</li> </ul>
		Type of Professional Development from approved ISBE lis  • Engage participants over a sustained period of time allowing for analysis, discovery, and application as they relate to student learning, social or emotional achievement, or well-being;  Rationale-Describe how this event aligns with the approve identified above (add pages if needed)	<ul> <li>Align to the licensee's performance (evaluation);</li> <li>Include outcomes that relate to student growth or district improvement;</li> <li>Align to State-approved standards;</li> </ul>
		Requestor: Signature	gnature Date
		Date Approved by COTE:	

This form must be completed and approved by the Council on Teacher Education prior to advertising that any event will be offering Continuing Professional Development Hours to educators through EIU. Completed forms should be returned to the School of Extended Learning, 2303 Buzzard Hall.