Joint PD Form
Horizon School Division & ATA Local #4

| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| ⃝ I am submitting a pre-approval for PD2 not yet attended to the PD committee.⃝ I am submitting a claim that was previously pre-approved via email on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date).⃝ I am submitting a claim that was not previously pre-approved. |
| School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PD Activity/Resource \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Activity/Purchase \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Please categorize your PD** (check off all that apply):

| ⃝Art ⃝Assessment⃝Career & Technology Studies ⃝Curriculum/Pedagogy and Research⃝Drama & Dance⃝Education for Reconciliation⃝English Language Learning⃝Environmental and Outdoor Education | ⃝Guidance & Student Support⃝Health & Physical Education ⃝Health & Wellness⃝Hot Topics & Professional Issues⃝Inclusion & Diversity⃝Keynotes & Special Events⃝Language Arts⃝Mathematics & Numeracy | ⃝Music & Band⃝Physical Education⃝Religious & Moral Education⃝School Leadership⃝Science⃝Social Studies⃝Teacher Wellness⃝Technology⃝Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
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2. **Cross reference to TQS/LQS** (check off all that apply):

| **Teaching Quality Standards**⃝TQS1 Fostering Effective Relationships⃝TQS2 Engaging in Career-Long Learning⃝TQS3 Demonstrating a Professional Body of Knowledge ⃝TQS4 Establishing Inclusive Learning Environments⃝TQS5 Applying Foundational Knowledge about FNMI⃝TQS6 Adhering to Legal Frameworks and Policies | **Leadership Quality Standards**⃝LQS1 Fostering Effective Relationships⃝LQS2 Modeling Commitment to Professional Learning⃝LQS3 Embodying Visionary Leadership⃝LQS4 Leading a Learning Community⃝LQS5 Supporting the Application of Foundational Knowledge about FNMI⃝LQS6 Providing Instructional Leadership⃝LQS7 Developing Leadership Capacity⃝LQS8 Managing School Operations and Resources⃝LQS9 Understanding and Responding to the Larger Societal Context |
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| **3. Relevance of PD:**3a. What area(s) of practice are you hoping to improve through this PD?3b. Recent literature has identified that collaborative PD is more effective than PD executed in isolation. What opportunities do you see for teacher collaboration as a part of, or following, this PD? |
| **4. Follow-up after PD:**4a. In what way(s) was this PD successful in developing your intended area of practice?4b. Was there an interesting takeaway from this PD not related to the original intent of the PD? 4c. Was there a speaker that you would recommend to the PD committee to help in planning our PD activities? |
| **5a.**Substitute rate (\_\_\_\_\_\_\_\_\_\_)(number of days\_\_\_\_\_)(see below)Total \_\_\_\_\_\_\_\_\_\_3My sub will be paid via: ⃝ My allotment of the Joint PD fund⃝ Under the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ code in Atrieve. This code is the same as what you choose in the pull-down menu when you booked your sub.Sub fees are based on the number of days your school operates per week:**5 day week: $242.50 4.5 day week: $269.18** **4 day week: $303.13 Class-A classroom supervisor $29.17/h, Class-B classroom supervisor $27.01/hour**2 If submitting for a resource: Full description of resource including title and author and synopsis must be submitted with both the pre-approval and the subsequent claim. 3Sub amounts are paid out **before** other expenses. | **5b.**Issued to Teacher:Registration Fee\*required for all claims \_\_\_\_\_\_\_\_\_\_Travel (\_\_\_\_\_\_\_\_\_)(.65 per km) = \_\_\_\_\_\_\_\_\_\_Accommodation1 \_\_\_\_\_\_\_\_\_\_Meals1 (Max: $23/meal) \_\_\_\_\_\_\_\_\_\_Resources1,2 \_\_\_\_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_Total to teacher \_\_\_\_\_\_\_\_\_\_**Full Claim (5a+5b)** \_\_\_\_\_\_\_\_\_\_1receipts required to process claim. Check with your school PD rep for the current status of funds. Should the joint PD fund be depleted; no reimbursement will be issued. |
| Teacher signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD Committee Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Send completed forms to Amber Kallen via:
Interschool Mail: Division office
Scanned Form and receipts: amber.kallen@horizon.ab.ca