

**GEORGIA DEPARTMENT OF EDUCATION
PROFESSIONAL LEARNING PROGRAM DESCRIPTION**

A. SCHOOL: _____ **GROUP:** _____

B. PROGRAM TITLE: _____

C. NEED AREA(S):

- | | |
|--|--|
| <input type="checkbox"/> Field of Certification | <input type="checkbox"/> School/System/Individual Improvement Plan |
| <input type="checkbox"/> Annual Personnel Evaluation
(as required by a Professional Development Plan) | <input type="checkbox"/> State/Federal Requirements |

D. DATE(S): _____ **TIME(S):** _____

E. Total Contact Hours: _____ **Number of PLUs:** _____ (10 contact hours = 1 PLU)

F. ESTIMATED NUMBER OF PARTICIPANTS

Certified: _____ Teaching: _____ Leadership: _____ Service: _____ Noncertified: _____

G. TRAINING AGENCIES: LEA RESA GLRS GADOE
 OTHER (specify): _____

H. OBJECTIVES:

I. ACTIVITIES:

J. COMPETENCIES:

Competencies are to be demonstrated: on-the-job mastery verification

K. PROGRAM COSTS

Purchased Professional Services	_____
Materials and Supplies	_____
Total	_____

L. How will this program improve student learning?