**SJCSD Professional Learning Approval Form for Inservice Points  
*This form must be received by the PD Department and you must receive approval for the requested activity prior to entering a course in Sungard BusinessPlus. Please allow up to two weeks for the approval process.***

**Facilitator Name: \_\_\_\_** **Worksite: \_\_\_\_**

**Submission Date: \_\_\_\_** **Administrator/Supervisor Signature: \_\_\_\_**

**Date(s)**: Start: **\_\_\_\_** End: **\_\_\_\_** **Time**: Start: **\_\_\_\_** End: **\_\_\_\_**

**Maximum Participants: \_\_\_\_ Maximum Inservice Credit Requested: \_\_\_\_**

***Select One*: \_\_\_\_Voluntary \_\_\_\_Recommended \_\_\_\_Mandatory**

**Professional Learning Activity Title: \_\_\_\_**

**Delivery Format: \_\_\_\_Face-to-Face \_\_\_\_Online \_\_\_\_Blended (a combination of face-to-face and online)**

**Learning Outcomes:** *(Please type in the information for each bullet below. The page will expand as needed. You may also attach supporting artifacts.)*

* **Learning Goal(s)/Purpose– What is the purpose of this learning opportunity? How do you know there is a need for this learning activity?** *Please include agenda(s) for each session.*
* **Who is the Target Audience? (*Please include if this is open to non-employees, other work sites, etc.*)**
* **Implementation – What are your expectations for implementation? How will you support and sustain behavior change? How will you monitor? What specific learning will take place?**
* **Evaluation – How will you know participants have acquired the knowledge, behavior or skill? What indicators will demonstrate the objective was achieved? What specific evidences will be collected and when?**