**SJCSD Professional Learning Approval Form for Inservice Points  
*Due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at least three weeks before activity start date.***

**Facilitator Name Worksite Submission Date Approval Date**

**Administrator/Supervisor Date(s): Start End Time: Start End**

**Maximum Participants Maximum Inservice Credit Earned**

**Professional Learning Activity Title:**

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

**Learning Outcomes:**

* **Learning Goal(s)/Purpose– What is the purpose of this learning opportunity? How do you know there is a need for this learning activity?**
* **Implementation – What are your expectations for implementation? How will you support and sustain behavior change? How will you monitor?**
* **Evaluation – How will you know participants have acquired the knowledge, behavior or skill? What indicators will demonstrate the objective was achieved?**