

SJCSD (St. Johns County School District) - SWD Inservice Planning Form

Use this form to submit for approval of training that meets SWD certification renewal requirements for in-service points.

Complete the specific course information on page two of this form as part of the formal approval process. Please allow at least two weeks for the Professional Learning (PL) Department to review the application; approval must be received before the event is entered into BusinessPlus.

Course Facilitator _____ School/Department _____

Date Submitted _____ Date(s) of Training _____

Business Plus/PL Contact _____

Goal: Educators participate in current, relevant and on-going professional learning for the benefit of all students, including students with disabilities.

The professional learning facilitator must be an ESE certified professional or a professional who has the appropriate credentials for teaching students with disabilities (e.g., a trainer from a company facilitating training specific to instructional strategies for working with students with disabilities), **or** The professional development facilitator must be a co-presenter with an ESE certified professional or a professional who has the appropriate credentials for teaching students with disabilities.

* Each line must be initialed to qualify for in-service points that meet the SWD certification renewal requirement.

Section to be completed by Course Facilitator

Checklist for course description-submit this document and include the following:

- 1. Primary Purpose for the training** – Cite the learning component that will evidence that participants are honing practical application of methods or curriculum specific to the instruction of students with disabilities. The professional learning must focus on one of the following components: *Instructional Strategies, classroom management, assessment, or curriculum.*
- 2. Delivery Methods & Resources:** Cite delivery methods and training resources.
- 3. Evidence of Learning:** Describe how participants will demonstrate the learning achieved during the training. The participant accountability evidences† must be included when submitting a training to the BusinessPlus/PL Contact for ESE in-service points prior to the date of the event.

Example: *This example is for co-teaching--your training may be a different topic for SWD. #5 reminds us of the requirement for evaluation of the application of the training.*

- 1. Participants will receive training on effective co-teaching models when serving students with disabilities.*
- 2. Modeling and co-teaching videos/examples will be used throughout the PL.*
- 3. The three-hour training will be led by Jane Doe, an ESE-certified instructor and can accommodate 30 participants. Modeling and co-teaching videos/examples will be used throughout the PL.*
- 4. **During** the training, participants will complete a pre-developed co-teaching template and match examples of co-teaching.*
- 5. **After the training**, participants will be observed during a co-teaching lesson, participate in a post observation conference and then complete a survey to reflect the impact of the training. Evidence must address compliance for students with disabilities.*

Initial*

1. _____

2. _____

3. _____

†The training must help teachers recognize and understand various learning disabilities, integrate instructional strategies specific to identified learning disabilities, and/or implement and monitor the impact of the accommodations for classroom instruction and assessment for students with disabilities.

12/19/2023

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To be completed by Course Facilitator

Course Title, Primary Purpose and Learning Goal

DELIVERY METHOD & RESOURCES

What specific strategies and resources for helping SWDs achieve academic success will be used?

EVIDENCE of LEARNING

What is the application task(s) that participants are completing to demonstrate the learning?

How is the application task(s) being evaluated and by whom?

Completed by School or Department PL Contact

The Learning Goal posted in BusinessPlus must include the words, **"Students with disabilities."**

The following statement must appear in BusinessPlus before the learning Goal:

"This course meets the SWD recertification requirements."

Initial*

Approval by PL Department/Signature: _____ Date: _____

12/19/2023