USD 214 Ulysses

**Application and Impact Level PDC Point Request Form**

*(pg 1 of 2)*

Name:       School:

Date(s) of Related Knowledge Activity:

How many knowledge points are you planning to use?

Check one activity below and complete the information requested (**one form per activity**).

**Application (2x Knowledge Points)**

What am I doing now that I wasn’t doing before?

|  |  |  |
| --- | --- | --- |
| **Activity Title** | **Check One Below** | **# of Points Requested** |
| Implementing Teaching Strategies |  |  |
| Other (please describe) |  |  |

*(Building Administrator must sign after observation.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Building Administrator Date

**Impact (3x Knowledge Points)**

What changes have occurred in the classroom, school, district, or among colleagues as a result of my learning?

|  |  |  |
| --- | --- | --- |
| **Activity Title** | **Check One Below** | **# of Points Requested** |
| Student Academic Performance |  |  |
| Mentor/Peer Coaching |  |  |
| Evidence of Level II Application  Activities by Other Teachers |  |  |
| Other (please describe) |  |  |

*(Building Administrator must sign after observation.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Building Administrator Date

*\*You must get administrator approval and schedule a time for your administrator to observe the application or impact before requesting PDC points at either level. Keep a copy for your records.*

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**Application and Impact Level PDC Point Request Form (pg 2 of 2)**

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Briefly describe the activity below or attach appropriate documentation.