



# PROFESSIONAL DEVELOPMENT APPLICATION

## Local Collaborative Professional Development (LCPD)

In order to accommodate the limitations COVID has put upon the Professional Development available to teachers in terms of travel and conferences, the committee would like to offer this opportunity for local collaborative initiatives

**Title of Project:** \_\_\_\_\_

**Proposed Dates\* for meeting:** \_\_\_\_\_

\* Please keep in mind that Mondays and Fridays are more difficult days for TTOC availability, so try to choose other days to accommodate this.

**Goals / Objectives:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Time Needed to Complete this Collaboration:**

Total of 1 ½ days per person. (Maximum of 3 half TTOC days OR 1 full day and one half-day). Costs - 1/2 day TTOC cost \$250 X 3 = \$750 Total Cost per person

\*NOTE that this funding comes from a collective professional development allotment that does not affect your personal pro-d funds. This fund is a separate fund that is excess funding available due to lack of travel and personal pro-d applications.

\*All participants must meet in a group of 2 or more as this funding is for collaborative purposes.

Participant (s)	Date (s)	AM/PM or Full day	School	TTOCs needed		Total
				X 1.0 (\$500)	X 0.5 (\$250)	
_____	_____	_____	_____	___ X ___	=	\$ _____
_____	_____	_____	_____	___ X ___	=	\$ _____
_____	_____	_____	_____	___ X ___	=	\$ _____
_____	_____	_____	_____	___ X ___	=	\$ _____
_____	_____	_____	_____	___ X ___	=	\$ _____
_____	_____	_____	_____	___ X ___	=	\$ _____

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TOTAL:

**Plans for Project:**

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**Plans for Sharing the Information with Colleagues**

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Project Commencement must be approved by the Pro D funding committee. The committee meets on the 2<sup>nd</sup> Tuesday of each month. Prior approval is mandatory. Once approval has been given, LOA forms will be issued to use on the SRB.

Applicant's Signature:

*I confirm the above information to be accurate*

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<b>Office Use Only</b>	
<b>Approved:</b>	<b>Total Approved:</b>
	<b>TTOC Days:                    x \$500</b>

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ etransfer/Cheque #: \_\_\_\_\_

**Choose Pro-D & Staff Development for Absence Code on SRB - The APPROVED copy is your Attached Leave Document**

*(PD) updated by CDTA Pro-d Committee Sept 2024*