

APPENDIX G

POINT CHART USED REGARDING CRITERIA FOR PROFESSIONAL GROWTH ACTIVITIES

Allowed	POINTS	Maximum Points	
		PER YR	PER 6 YR PERIOD
1. Approved College Courses	10 points/sem. hr	60	60
2. Auditing College Courses	1 sem. credit - hr = 5 pts	15	30
3. Adult Ed. Classes	15 hrs = 10 pts	10	30
4. In-Service Workshops	15 hrs = 10 pts	10	30
5. Teaching College Classes	15 hrs = 10 pts	10	30
6. Supervision of Student-Teachers		10	10
7. Professional Publication		5	10
8. School Visitation	7 1/2 hrs = 5 pts	5	20
9. Professional Organization Work		5	10
10. System-wide Committees	15 hrs = 10 pts	10	20
11. Approved Innovative Projection/Action Research	15 hrs =		
12. Educational Travel	USA	10 pts	10
	Foreign	10 pts	10
13. Conventions, Conferences of the Profession	15 hrs = 10 pts	10	20
14. Professional Evaluation Team		10	20
15. Other Activities		10	30

APPLICATION FOR APPROVAL OF PROFESSIONAL GROWTH

I would like to have this application approved for _____ Professional Growth Points.

Check the Specific Category of Activity:

- | | |
|--------------------------------------|---|
| _____ Approved College Courses | _____ System-wide Committees |
| _____ Auditing College Courses | _____ Approved Innovative Projections/Action Research |
| _____ Adult Education Classes | _____ Educational Travel |
| _____ In-Service Workshops | _____ Conventions, Conferences of Profession |
| _____ Teaching College Classes | _____ Professional Evaluation Team |
| _____ Supervision of Student Teacher | _____ Professional Publication |
| _____ School Visitation | _____ Professional Organization Work |
| _____ Other Activities | |

Description of Anticipated Activity: (Attach additional sheets as needed.)

If college course, complete the following in addition to the above:

Course Number/Title: _____ Credit Hours _____

College: _____ Graduate Level: Yes _____ No _____

Date(s) of class _____
Applicant's Signature _____

NOTICE: A SEPARATE FORM MUST BE SUBMITTED FOR EACH ACTIVITY FOR WHICH APPROVAL IS SOUGHT.

- To be completed by administrator prior to class or professional growth activity:
 Class or Professional Growth Activity Approved _____
 Disapproved _____ for Professional Growth points.
 Reason(s) for disapproval, if necessary:

Date of Approval or Disapproval Signature of Administrator

- To be completed after professional growth activity or class:
 Total classroom/college credit hours (circle one): _____
 Total Professional growth points for this activity of class: _____

Signature of Teacher Signature of Administrator