

District CLU Committee

Cheryl Crawford	Special Education Supervisor
Susan Guthrie	Elementary Supervisor
Lisa Cheek	Federal Programs Director
Harold Gallman	Personnel Director
Jeanie Green	Technology Coordinator
Robyne Crow	Reading Supervisor
Christy Hendrix	Title I Supervisor
Sheldon Jones	Secondary Supervisor
Connie Williams	Principal
Kym Trisler	Teacher

NOTES REGARDING A TEACHER'S PORTFOLIO:

Please use the checklist page below to list CLUs and place the certificates behind the checklist. You may use a folder or notebook for your portfolio. The following items should be placed in your folder and available for district and state monitors:

- Copy of teaching certificate
- University Transcript
- Praxis and/or NTE scores
- HQ certificate
- CLU Checklist for each year
- CLU certificates

CLU Documentation Checklist SCHOOL YEAR _____ (example: 2006-2007)

Name _____ Certificate Type _____ Years Experience _____

Years in this school _____ Areas(s) of Certification _____

School _____ Content Area(s) Assigned _____

Attachments: ___teaching certificate ___transcripts ___Praxis/NTE scores ___HQ certificate ___CLU certificates

CATEGORY	TITLE OF ACTIVITY	DATE	HOURS	CLUs
Individual Growth				
Collaborative Growth				
Formal Study Group				
Face-to-Face				
Positive Beh. Support (24 CLUs)				

Category cont'd	Title of Activity cont'd	Date	Hours	CLUs
LETRS (5 CLUs)				
INTECH (56 CLUs)				
INTECH, Sci. (28 CLUs)				
INTECH, Soc. St. (28 CLUs)				
DIBELS (5 CLUs)				
School Improvement (16CLUs)				
SAM (12 CLUs)				
SIM				
Accountability (8 CLUs)				
Federal Programs (4 CLUs)				
On Line Weeks 12, 8, 4, 2,				
CLUs 45, 30, 15, 8				
Video Conferencing				
Specialized Program-specific				
LATAAP				
LPI				
DAT				
Teacher Mentor				

Master Teacher				
Cluster Group				
Lead Instructor/On line				
NCATE/State Board Team				
Blue Ribbon Commission				
LINCS				

Teacher's Signature **Date**

Principal's Signature **Date**

CLU Committee Member's Signature **Date**

Personnel Director **Date**

Please use the guidelines on the following 2 pages to determine if professional development will qualify for CLUs.

Completion of these pages along with documentation mentioned in #18 may be submitted for review to the CLU committee. After approval, certificates will be sent to the participants.

RICHLAND PARISH

Criteria for Quality Professional Development

Points to determine if the professional development will qualify for CLUs

Yes	No	1.Designed to increase content knowledge and/or improve instructional content practices.
Yes	No	2. Aligned with Standards, Benchmarks, and GLEs.
Yes	No	3. Aligned with NCLB
Yes	No	4. An integral part of the school-wide and district-wide improvement plans.
Yes	No	5. Aligned with the teacher's individual professional growth plan
Yes	No	6. Classroom-focused and linked to current job responsibilities.
Yes	No	7. Job-embedded
Yes	No	8. Based on an analysis of current student needs.
Yes	No	9. Provides follow-up activities that support effective implementation in the classroom.
Yes	No	10.Includes instruction in the use of data and assessments to assist in meeting student needs
Yes	No	11. Utilizes strategies that meet the learning styles of adult learners.
Yes	No	12. Includes strategies for addressing the needs and learning styles of all students.
Yes	No	13. Incorporates proven methods for closing the achievement gaps of subgroups.
Yes	No	14. Incorporates technology to improve teaching and learning in the curricula.
Yes	No	15. Incorporates meaningful evaluation to determine impact on teacher knowledge.
Yes	No	16. Includes instruction/guidance in effective methods to work with/engage/train parents.
Yes	No	17. Developed with input from teachers, principals, parent and administrators.
Yes	No	18. Evidence of appropriate documentation:

**Agenda, Handout(s), Final grade (transcript),Teaching/Meeting log(s)
Action Plan, Student work samples, Work produced, Certificates**

PD must reflect: 1, 4, 6, 7, 8, 9, 11, 12, 13, 15, 17,, 18
And at least one of the following: 2, 3, 5, 10, 14, 16

RICHLAND PARISH PROFESSIONAL DEVELOPMENT

Workshop Title: _____

Presenter (s): _____

Dates and Times: _____

Research based strategy or regulation the workshop will address:

Describe the purpose of the workshop: (include content and suggested grade level(s))

Describe how student learning will be affected:

Type of workshop evaluation: (attach a copy) _____

Type of follow-up: (when and how – must be multiple times) _____

Recommended number of CLU's that the participant will earn: _____

Subject area CLUs will be awarded for: _____

