

REQUEST FOR APPROVAL OF PROFESSIONAL DEVELOPMENT CLOCK HOURS THROUGH ONLINE COURSES AT *THE TEACHER'S ACADEMY, LLC*

SIGNING this form IS:

- Approval from the district's Administrator or Professional Development Coordinator for the Educator **to utilize the online courses provided by *The Teacher's Academy* for *required professional development hours*.**
- Acknowledgement from the district's Administrator or Professional Development Coordinator that **the online courses provide relevant material that will enhance the Educator's pedagogy and skill set in order to improve student learning.**
- Acknowledgement from the district's Administrator or Professional Development Coordinator that, once completed, **the online courses will satisfy some or all of the required clock hours for professional development for all Educators.**

Signing this form IS NOT:

- Evidence of completed coursework.
- To be submitted for completed or satisfied clock hours.

EDUCATOR'S NAME:

 Last First M.I.

The following information can be found online at www.TheTeachersAcademy.com by clicking on the course and reading its summary. *You do not need to purchase the course to locate this information.*

COURSE TITLE

CLOCK HOURS

COMMON CORE STANDARDS AND/OR LEARNING OBJECTIVES MET

PROJECTS TO BE COMPLETED

I approve of and agree to the course named above as a viable means of completing staff development requirements.

Signature - Professional Development Coordinator/ Administrator

Date