



Clock Hours for PLCs Form p.1

Use this form so that participants in your Wednesday Collaboration Time can receive Clock Hours

Name of PLC (e.g. Wolfle 3rd gr. Or KHS math) :

Name(s) of Participants:

Location of Meetings:

Will the group meet every Wednesday? If not, please provide dates and rationale:

What are the professional goals/objectives for your PLC this year?

What are specific artifacts or outcomes? (sample forms can be provided by principal)



Clock Hours for PLCs Form p.2

Will **STEM** clock hours be available for participants? (yes/no) ____ If so, the following requirements must be met and must be reflected in agendas and overall goals for the year.

- 1) Which 2 STEM elements are included? (Science, Tech, Engineering, Math) _____
- 2) How will the training impact experiences for students _____
- 3) Does the training provide examples or resources to use with students or educators (yes/no) _____
- 4) Does the training provide information about STEM career opportunities (yes/no) _____

Will **TPEP** clock hours be available for participants? (yes/no) ____ If so provide the information below?

At least one Marzano/AWSP criteria must be addressed. Below, provide the names of each criteria that is addressed, and rationale.

Principal Signature: _____ Date: _____

District Approval: _____ Date: _____

Office Use:
Received: _____
Submitted to PDEnroller: _____