Meriwether County Schools
Professional Learning Opportunity Request
Procedures

A. The **Professional Learning Prior Approval Form** shall be completed for ALL and ANY professional learning opportunities within or outside of the school district.

B. The **Professional Learning Prior Approval Form** must be completed and submitted to all necessary approving parties **prior** to attending the opportunity. All completed forms must be submitted to William Edgar, Assistant Superintendent for School Improvement for final disposition at least 10 days prior to the opportunity.

C. **Completing the Professional Learning Prior Approval Form:**
   - **School-**Affix school name.
   - **Principal's Signature-**Principal's signature should be affixed.
   - **Name of Course –** Enter course(s) name. Include a brief description of each course. Staff may attach a description of the course from the provider, provider summary, etc.
   - **What is the goal of the training/workshop-** Staff should enter the goal or expected outcome(s) from attending the opportunity.
   - **Identify Goal-**Is the goal tied directly to the school's SIP? System's Plan? Or Personal Goal?
   - **Participant Information-** Enter staff name and position within the school system.
   - **Location of Course –** Please enter exact and full location information (facility and address)
   - **Dates/Times of Course –** Please enter exact dates of opportunity. Please enter posted opportunity times.
   - **If the opportunity is a system or school PL opportunity –** indicate PL unit credits, as applicable.

D. **Completing the Professional Learning Unity Packet:**
   Professional Learning Unit (PLU) Course Completion Form:
   - **School-**Affix school name.
   - **Name of Course –** Affix course(s) name.
   - **What is the goal of the training/workshop-** Staff should enter the goal or expected outcome(s) from attending the opportunity.
   - **Identify Goal-**Is the goal tied directly to the school's SIP? System's Plan? Or Personal Goal?
   - **Participant Information-** Enter staff name and position within the school system.
   - **Date of Completion, Number of PLU credits earned, Verifications –** Please complete each section in its entirety.

   System/School PL Course Description Forms:
   - **Complete description forms in their entirety.**

E. **To receive full consideration to grant PLU credits:**
   - Ensure that all forms are completed accurately and entirely.
   - Make sure to submit the entire package (Approved Prior Approval Form, PLU Course Completion Form, and System/School PL Course Description Forms).
   - Submit the entire package to William Edgar, Assistant Superintendent for School Improvement.