

Lake Shore Central Schools

Professional Learning Community (PLC) Proposal Form

Submitted by: _____ Date: _____

Name(s) of team members: _____

PLC Start Date: _____

PLC End Date: _____

Location: _____

Subject Area(s) to be addressed by PLC: _____ Grades: _____

Course(s): _____

Common Core Standards (specify): _____

Comments: _____

Choose one: PD Hours If stipend funding is not available, would you (your team) consider working on the PLC for PD hours? Yes No
 Stipend Projected Number of Hours Total per Person:

PLC Description and Justification: _____

Please note that the final project shall be submitted to the Office of Assistant Superintendent via email upon completion - mbergler@lakeshorecsd.org

Department Chair or Elementary Core Curriculum's Signature _____ Date _____

Administrator's Signature _____ Date _____

Please return this application with any supporting documentation to: Melissa Bergler, Asst. Superintendent

You will get this form back notifying you of approval or rejection. If approved, please return form back to Melissa Bergler upon completion of your PLC.

District Office Use Only			
Approved <input type="checkbox"/>			Rejected <input type="checkbox"/>
Comments (if applicable): _____			
# of Participants: _____	Total Hours: _____	PD or Curriculum Rate = \$20.80/hour	
Assistant Superintendent for Instruction Signature _____			Date _____