

Applications and Attendance Forms for Professional Development Session Providers

The **Steps** to Provide a PD Session are located on the CMSD web site at:
<http://www.clevelandmetroschools.org/Page/9510>

The **OPD Provider Session Application Form** spread sheet is available at “**Step 3**”:

Directions > DIRECTIONS: Be sure to <u>download</u> this file to your computer desktop before attempting to fill in the form. Begin in cell A7. <i>You may add up to 100 sessions on this form.</i> > Enter only ONE day's session per row. Daily sessions in a series must be entered as a separate day session for attendance purposes. WARNING: Information is required in ALL cells (A-AC) in a row for each day's session. Do NOT leave any cells empty, or your application will be returned. *Begin in row A7. SAVE this file with a one or two-word Session Name and your Last Name. Attach it to an email addressed to opd@clevelandmetroschools.org											
Provider Type	School Site/ Department/ Organization	Principal's/ Department Administrator's Name	Provider's/ Facilitator's Email	Session Title	Total Number of Sessions	Session (Beginning) Date <i>format mm/dd/yyyy</i>	Beginning & Ending Times	Instructional Contact Hours	Compensation Available?	CEU Credit Available?	Brief Session Description
Select from list below: Internal CMSD or External Provider?	Type your School or Department Name BELOW, then press TAB	Type the Session Provider's name below	youremail@clevelandmetroschools.org	Short Session title (10 words or less)	Type number of sessions if a series	01/01/2015	8:30am - 1:00pm	Example: 4.5	Select from list below: Paid or Non-Paid?	Select from list below: Credit Type?	Type a short description (25 words or less)
Begin at A7											

Important terms:

- **Provider** – the official title of the department, school, office, or organization that is sponsoring the learning session (This title should be used consistently for each session)
- **Internal-School Provider** – a CMSD school-based provider (i.e. principal, school site staff)
- **Internal-Department Provider** – a CMSD department-based provider (i.e. central office staff)
- **External – Non-CMSD** – a non-CMSD-based provider (i.e. business, institution, non-employee)
- **Administrator** – the person responsible for providing the learning session
- **Provider's Email** – the administrator's email box where the *Confirmation Form* will be sent
- **Session** – One hour minimum of learning by the same group of participants during the same time on the same day. Two or more days in a “series of sessions” are considered as separate sessions. Separate sessions (up to 100) may be applied for on the spread sheet application.
- **Session Title** – “Brief” title for session or series of sessions. (5 words or less)
- **Total Number of Sessions** – In a series, the total number of sessions in the series
- **Instructional Contact Hours** – Total instructional hours in one day's session. Do not count coffee breaks, lunch breaks, etc. Use up to 2 *decimal* places.
- **Session Description** – Short description of the learning activity provided to participants (25 words or less)
- **Follow-Up** – Description of activities participants will be involved in as a result of the learning session
- **Research Title & Year** – Research upon session is based—required for HQT credit.
- **Total estimate number of forms** – the total number of participant scan sheets needed*
- **Pick Up/Mail** – Indicate whether the provider/contact will pick up the scan sheets at the Office of Professional Development or whether the forms should be sent via school mail.*

***Note:** Scan sheet forms are no longer required to document participant attendance. Select the “**OPD Session Attendance Form**” in **Step 5**, and submit the participant attendance by following the Directions on that spread sheet.

Follow the **DIRECTIONS** in the header of each form.

Spread sheet forms must be emailed as an attachment to opd@clevelandmetroschools.org

NOTE: Sessions in a series should have essentially the **same** Session Title. It would be helpful to indicate the number of “parts” or sessions in the series. Keep in mind that you *must* submit a separate “record” in each row of the spread sheet for each different session day in the series. i.e. You can copy-paste each day in a different row, then change the date for each day.

The **Session Confirmation Form** sent to the provider's contact email address contains the Session Confirmation Number which **MUST** be included in the attendance form(s).

Office of Professional Development
Session Information - Confirmation Form

TO: [redacted] School Provider # 258 [7] 85/0104/2016
Attn: [redacted] [redacted]@clevelandmetroschools.org

Below is the **Session Number** and **Section** assigned to the Professional Development Session scheduled by the lead presenter on the date listed below. This session number and section **MUST** be entered accurately on each participant's bubble sheet and CEU report form for the participant to receive proper credit for the professional development course.

>> Mark any necessary corrections or changes in the space provided on this form, and then return the form to the Office of Professional Development. Items not received or inaccurately completed scan sheets will delay processing.

Session Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">SESSION NUMBER</td> <td style="width: 50%; text-align: center;">SECTION #</td> </tr> <tr> <td style="text-align: center;">853712</td> <td style="text-align: center;">- 102</td> </tr> </table>	SESSION NUMBER	SECTION #	853712	- 102	Session Date 09/04/2014-Thu	A Commitment to Action Each student in the Cleveland Metropolitan School District will be successful in a rigorous instructional program, and our teachers, principals, and administrative staff will be valued, will hold themselves responsible and accountable, and will be rewarded for their professionalism.
SESSION NUMBER	SECTION #						
853712	- 102						
		Application Date 1/4/2016					
Session Name research based literacy instruction							
Number of Sessions 15	Series	Date(s) 9/4/2014	Times: Beginning - Ending 8:00 AM - 9:00 Am				

You may now use the new **OPD Session Attendance Form** spreadsheet to document attendance in your planned session. The provider is responsible for completing and submitting the form. Simply follow the directions at the top of the worksheet.

	A	B	C	D	E	F	G	H	I
1	DIRECTIONS: > Be sure to download this file to your computer desktop before attempting to fill in the form.								
2	> TYPE-IN <u>ALL</u> the information in the header of this spread sheet file. Session Name and Session Number are required.								
3	Then, starting at A9, type-in each participant's name and Employee# OR SocSec# last 4 digits. Select the remaining fields from the pop-up lists.								
4	Do NOT include the Employee# or SocSec# digits for NON-attendees. Save this completed file with your last name, the name of your school or office, and a brief session title.								
5	Attach this file to an email to OPD@clevelandmetroschools.org . DO NOT FAX or PDF. Feel free to email me if you have any questions: Cheryl.Shelton@clevelandmetroschools.org								
6	Session Name:			Instructor Name:			Return THIS electronic form ONLY		
	SESSION NUMBER (#####-###):			Begin Date (mm/dd/yy):			HOURS:		
8	First Name	Last Name	Employee #	OR SocSec # (last 4 digits)	School Code (pick from list)	Position (from list)	Subject (from list)	Grade (from list)	Signature (Paper sign-in for your records only)
9									
10									
11									
12									
13									
14									

- You may print the OPD Attendance Form (spreadsheet) to use as a participants' sign-in sheet.
- On your computer, key into the spreadsheet file the information given by the participants.
- Save the file, and attach it to an email addressed to: opd@clevelandmetroschools.org

WARNING: Be sure to return the spreadsheet form with the requested information typed in. **DO NOT** send a paper, fax, nor pdf sign-in sheet. Our system cannot process faxed, pdfs, or paper sign-in sheets, so those will be returned.

If you are using scan sheets to document attendance, the OPD session **Participant Form** scan sheet **MUST** be filled in accurately and completely in order for the session participant to receive proper credit for attending the session.

- The **participant is responsible** for filling out the form accurately.
- The **session provider/instructor is responsible** for verifying that the **session credit** information on the form is correct

Participant forms and Evaluation forms should be collected at the **end** of the session.

Only Last 4-digits of SS # required ←

Session Number ←

Cleveland Municipal School District Professional Development Participant Form

Participant's Last Name	First Name	MI	SOCIAL SECURITY NO.
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N	N	N	13 13 13 13
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USE NO. 2 PENCIL ONLY

CAS '01 FORM# CS-98