

Poway Unified School District Professional Learning Advisory Board for Classified Employees



APPLICATION FOR ADVISORY BOARD MEMBER POSITION

The Professional Learning Advisory Board (PLAB) is a group of selected classified employees and District-appointed supervisors. The purpose of this group is to create, develop and support a structure of professional development opportunities that foster learning individually and collaboratively. PLAB Members must be committed to advocating, researching, and connecting professional learning needs and offerings in the workplace. This group meets on a monthly basis, ten times per year. In addition to monthly meetings, PLAB members are required to review items on their own time between meetings (approximately 3 hours per month). This is a two-year term.

Questions? Contact Lorie Sherman at loriesherman@powaysea.org or (858) 842-4980 ext 103.

Note: Please attach a minimum of one letter of recommendation from a colleague.

| Name | Site/Dept. |
|--|---|
| Cell Phone | Work Phone |
| Email Address | Alternate Email |
| Number of years in current position | ☐ Permanent employee with 3 or more years of experience |
| Total number of years as a permanent employee within PUSD | ☐ I have a satisfactory or above current evaluation |
| Current position: | |
| Prior positions held in PUSD (list most recent first): Date Site/Department Position Held | |
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| Certifications, trainings, or other specialized knowledge: | |
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| Describe leadership roles in which you have served or leadership train those roles qualify you to be a member of the Professional Learning A | |
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| Describe your experience in supporting or training personnel inside or | outside of PUSD. |
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| Describe the qualities that will make you an effective PLAB member. | |
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| Why do you want to be a member of the Professional Learning Advisor | ory Board for Classified Employees? |
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| I understand the goals of the Professional Learning Advisory Board fo I agree to attend the monthly meetings and complete all related assign | • • |
| Applicant signature | Date |
| I understand the goals of the Professional Learning Advisory Board fo my employee's application. I understand that, if selected, my employe duties to attend monthly meetings (approximately 2 -3 hours per mont | e may require time away from their |
| Supervisor signature | Date |

Applications for Professional Learning Advisory Board Member for the 2018-2020 school year are due to the PSEA office no later than December 18th, 2018.