  
Classified Learning Cooperative Program

**Proposal Form**



*For coordinator to complete*Received date: Click here to enter text.  
No. of hours: Click here to enter text.  
CLC points: Choose an item.  
CLC #: Click here to enter text.

Title of CLC: Enter text.  
Date submitted: Enter text.  
Anticipated start date: Enter text.  
Anticipated end date: Enter text.

**PLANNING YOUR CLC**Complete the following pre-planning questions.

**STEP 1**

1. *Identify the need you would like to address.*

Enter text.

1. *Identify your learning objectives. What will participants know and/or be able to do upon completion of this CLC?*Enter text.
2. *Identify the type of learning that will take place.*

|  |  |  |
| --- | --- | --- |
| ☐Workshop | ☐Conference | ☐Online courses |
| ☐Content study | ☐In-service | ☐Book study |
| ☐Other: Enter text. | | |

1. *Identify the source of the content. (Name online course, book used, websites studied, in-service presenter, etc.)*Enter text.
2. *How will you and other participants know if your CLC was successful? What tools will you use to gain feedback after implementation?*Enter text.
3. *Which job category does your CLC best fit into?*

|  |  |  |
| --- | --- | --- |
| ☐Business services | ☐Technical | ☐Office |
| ☐Paraprofessional | ☐Other/comments: Enter text. | |

1. *CLC topic (check all that apply):*

|  |  |  |
| --- | --- | --- |
| ☐Assessment | ☐English language learners | ☐Staff support |
| ☐Athletics/PE | ☐Health and safety | ☐Student behavior |
| ☐AVID | ☐Individualized education | ☐Student relationships |
| ☐Business Operations | ☐Parent communication | ☐Technology |
| ☐Classroom support | ☐Response to intervention | ☐Visual and performing arts |
| ☐Curriculum mapping | ☐Special education |  |
| ☐Curriculum development | ☐Speech and language |  |
| ☐Other: Communication skills | | |

1. *Check which District goals your CLC will be aligned with:*☐ Ensure each student engages in a challenging 21st century learning experience.

☐ Develop and maintain communication systems that create collective engagement among all stakeholders.

☐ Support the District’s strategic vision of College and Career Readiness for All Students.

☐ Address a problem in practice and/or need that is relevant to a job function within the PUSD classified staff job descriptions.

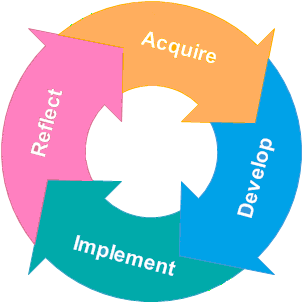
1. *Write a proposal description. This will be the description that will be used to communicate to other potential participants.*Enter text.

**STEP 2**

**FACILITATOR AND PARTICIPANTS**

1. Who will be the facilitator(s) of the CLC?  
   Enter text.
2. The facilitator is requesting payment in the form of: Enter text.
3. Who will be your target audience for participating in the CLC? If individual CLC, note “individual.”   
   Enter text.
4. Is there a limit to the number of participants allowed in the CLC? If so, how many?  
   Enter text.

**STEP 3**

**PARTICIPATION OUTLINE**Complete the detailed outline of how you will spend your time acquiring knowledge, developing your CLC, implementing your plan and reflecting on your experience. List detailed session dates and times and anticipated hours you will spend on this CLC.

**Acquisition of new learning***Describe in detail how, when and where you will learn new information.*

***{Insert completed CLC Planning (outline) document outline here}***

**STEP 4**

**CLC POINTS**

Add the “Duration” columns to complete the CLC points requested below. Points are awarded in increments of five. It is expected that a portion of the CLC hours will occur outside of the workplace unless authorized by the immediate supervisor. CLC proposals requesting approval for more than 20 points in a year require special approval.

Hours inside contracted work year: Enter text.

Hours outside contracted work year: Enter text.

CLC points requested: Enter text.

**STEP 5**

**BUDGET REQUEST**

Complete this section if you anticipate needing financial support for the implementation of your proposal. List prospective needs and estimated costs. CLC will fund up to $250 for an individual or small group CLC, $375 for a group of 6-10 participants, and up to $500 for a larger group of 10 or more participants. CLC funds cannot be used for food/snack items, guest speakers, or conference costs.

Amount requested: Enter text.  
Description of item(s) needed: Enter text.

Need by date: Click here to enter text.

*If approved, the Coordinator will directly purchase the items needed wherever possible. Detailed information needs to be sent to the Coordinator and include vendor, item number, price, quantity and location where the items should be delivered.*

**STEP 6**

**SUBMIT YOUR PROPOSAL**Submit your completed proposal electronically via email attachment to Tania Rowe, Professional Learning Coordinator at [Trowe@powayusd.com](mailto:Trowe@powayusd.com). Proposals must be submitted a minimum of 4 weeks prior to the next Advisory Board meeting (see deadline calendar).

A Professional Learning Representative will be assigned for each CLC submission. The Professional Learning Representative will provide support and guidance to the CLC originator, throughout the CLC process. Initially, the CLC will be reviewed by the Professional Learning Representative in detail. If necessary, modifications will be made with the writer. The Professional Learning Representative will then evaluate and review the proposal with the Professional Learning Coordinator. If no further modifications are indicated, the proposal will be added to the next Advisory Board meeting agenda. If modifications are needed, suggestions will be offered and the proposal will be returned to the writer for final editing. Proposals will be reviewed by the Advisory Board at regularly scheduled monthly meetings. Once approval has been given, the originator will be notified and work may begin on the CLC activities. **You will not receive credit for any work done on the CLC prior to approval.**