Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Moanalua High School**

**21 Hours Checklist SY 2017-18**

*Please complete this checklist and submit to administration by:* ***May 15, 2018***

**Extended Faculty Meetings: …. 9 Hours**

\_\_\_ Aug 31 \_\_\_ Sept 19 \_\_\_ Oct 26 \_\_\_ Nov 28 \_\_\_ Dec 11

 \_\_\_ Jan 23 \_\_\_ Feb 13 \_\_\_ Mar 28 \_\_\_ May 15

**STAR Learning Walks: 6 hours** (attach supporting documents)

Classroom Teachers Visited:

\_\_\_ Learning Walk #1: Date: \_\_\_\_\_\_\_\_\_ Teacher Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Teacher Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Learning Walk #2: Date: \_\_\_\_\_\_\_\_\_ Teacher Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Teacher Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Learning Walk #3: Date: \_\_\_\_\_\_\_\_ Teacher Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Teacher Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educator Effectiveness System (EES): 2 hours - EES Streamlined; 6 hours – EES Enhanced and Standard**

\_\_\_ Core Professionalism: Domain 4 Evidence, Tripod Reflection, & IPDP – 2 hours (All teachers)

\_\_\_Observations / SLO / SSIO (NCT) – 4 hours (EES Enhanced and Standard categories)

**Self-Directed Professional Growth: 4 remaining hours** (EES Streamlined category—Classroom and NCT)

 *\*May be related to your IPDP but must be done outside of extended faculty meeting meetings.*

\_\_\_Activity #1: Write a short description: # of hours: \_\_\_\_\_\_

\_\_\_Activity #2: Write a short description: # of hours: \_\_\_\_\_\_

**Self-Directed Professional Growth – Record Sheet**

**SY 2017-18**

Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of hours: \_\_\_\_\_\_\_\_\_

**Menu of Activities**: (Administration approval required for other activities):

\_\_\_ Professional Conference (Outside of work day) \_\_\_Workshop or Training

\_\_\_Video(s) \_\_\_Books \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Admin Initial) \_\_\_\_\_\_\_\_

**Pre-Reflection: (fill in before the activity)**

Attach supporting documentation (program, course description etc.) or write a short description about the activity you will be doing (title of book, videos watched etc.)

What do you hope to learn or how do you hope to improve and grow from this activity?

**Post-Reflection: (fill in after you have completed the activity)**

What are your “take-aways” from the activity?

How has it impacted your instruction and student learning in your classroom?