

# **Delta Teachers' Association**

## **Self-Directed Professional Development Plan**

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### **Possible Activities (In or out of Delta School District):**

- **School and/or program visits.**
  - **Mentoring and peer coaching.**
  - **Collaborative project with colleague(s).**
  - **Program for Quality Teaching.**
  - **Action Research.**
  - **Research and preview curricular resources and materials.**
  - **Research a specific topic.**
  - **Visits to other educational organizations, institutions or programs.**
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### **Policy:**

1. Intended for individuals to carry out their personal professional development plan.
2. Allocation of funding comes from the DTA General PD Fund.
3. This funding is separate from the yearly PD limit.
4. Each application is limited to 1 TOC day per year.

### **Procedures:**

1. Apply at least 14 days in advance of activity.



# Delta Teachers' Association

## Self-Directed Professional Development Plan

### Application for Funding



210-5000 Bridge Street, Delta, BC V4K 2K4 Phone #604-946-0391 Fax #604-946-1629  
Email: deltateachers@telus.net

**Date of Application:** \_\_\_\_\_

<b>DTA Use Only</b>	Date Received	Tally Number	<b>Form 5160SD</b>
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**Name:** \_\_\_\_\_ **School/Worksite:** \_\_\_\_\_

**Describe Planned Activity/PD Plan in Brief:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

**Funding Requested**

**Release Time:** TOC required for 1 day @ \_\_\_\_\_ per day. \$ \_\_\_\_\_

**Total Amount Requested:** \$ \_\_\_\_\_

**I am willing to have my name included in the DTA/SD Resource Bank of presenters?**

Yes  No

**Principal's Signature (required if absent from school):** \_\_\_\_\_

**PD Contact's Signature:** \_\_\_\_\_

**Professional Development Signature:** \_\_\_\_\_

**Amount Approved:** \_\_\_\_\_

(SEMS Absence Reason Code #09)

**Accounting Purposes Only (DTA Use)** Date: \_\_\_\_\_ Cheque # \_\_\_\_\_ Amount: \$ \_\_\_\_\_