A picture containing text

Description automatically generated

Act 48 Group Permission Request Form

All questions regarding Act 48 can be referred to:[*Sister Edward Quinn*](https://aopelementary.org/curriculum-assessment/early-childhood/keystone-stars/keystone-stars-contact-us/), Asst. Superintendent of Curriculum, Instruction and Assessment

*This form must be completed by electronically completing the fields below. No handwritten forms will be accepted.*

|  |  |  |
| --- | --- | --- |
| Contact Name: Click here to enter text. | | Contact School: Click here to enter text. |
| Contact Email: Click here to enter text. | | Contact Phone: Click here to enter text. |
| Type of Activity: Choose an item. | If Other, please specify: Click here to enter text. | |
| Title of the Conference/Workshop/Activity (*title must reflect the content – not the audience*) | | |
| Click here to enter text. | | |
| Enter a description of the program.  (*Include the knowledge and skills that educators will gain to improve student learning*) | | |
| Click here to enter text. | | |
| Intended Audience: Click here to enter text. | | |
| Location of Session: Click here to enter text. | | |
| Session Begin Date: Click to enter a date. | | Session End Date: Click to enter a date. |
| Start Time for Session(s): Click here to enter text. | | End Time for Sessions(s): Click here to enter text. |
| # of Hours Requested: Click here to enter text.   * Act 48 requires a minimum of 3 hours. * Attach your information flyer/conference program and/or schedule to validate time. * Hours requested should include presentation time only. * Your request will not be processed without this information. | | |
| Will Non-Act 48 hours be offered for those not requesting Act 48 credit? YES  NO | | |
| Maximum # of Participants: Click here to enter text. | | Minimum # of Participants: Click here to enter text. |
| Cost to Applicant (if applicable): Click here to enter text. | | |
| Presenter(s) / Instructor(s): Click here to enter text.  (Please attach the presenters) / instructor(s) vitae validating qualifications to address the session topic. Your request will not be processed without this information.) | | |

Cont’d: Act 48 Group Permission Request Form

|  |  |
| --- | --- |
| Describe how this program/activity will address the needs of **all** participants regarding Area of Certification or Area of Assignment. | |
| Click here to enter text. | |
| Identify from the **Act 48 Handbook** the **specific student needs** that the professional development will address. | |
| Click here to enter text. | |
| Identify from the **Act 48 Handbook** the **goals** that this professional development addresses. | |
| Click here to enter text. | |
| Identify the **follow-up activities** that participants will engage in to ensure successful participation. | |
| Click here to enter text. | |
| Identify how you will **evaluate the effectiveness** of the professional development activity in addressing the needs identified above. | |
| Click here to enter text. | |
| Administrator’s Signature: | Date: Click to enter a date. |

|  |  |
| --- | --- |
| **OCE USE ONLY** | |
| Activity Subject Area: Choose an item. | |
| Approved  Not Approved | |
| Administrator: Click here to enter text. | Date: Click to enter a date. |
|  | |
| An **original, signed** copy of this form must be submitted to the Act 48 Coordinator at least one month prior to the date of the staff development program.  **Note:** Act 48 is not processed by OCE for staff development programs conducted by outside providers. | |