

Act 48 Group Permission Request Form

All questions regarding Act 48 can be referred to
Sr. Margaret Rose Adams, Asst. Superintendent of AOP Catholic Schools

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

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| 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.
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| 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

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| 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. |

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| **OCE USE ONLY** |
| Activity Subject Area: Choose an item. |
| Approved [ ]  Not Approved [ ]  |
| Administrator: Click here to enter text. | Date: Click to enter a date. |
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| 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. |