

**PROFESSIONAL DEVELOPMENT APPROVAL FORM
FOR ENTRY INTO STIPD**

Title of Session: _____

Date(s) of Session(s): _____

Time(s) of Session(s): _____

Location of Training: _____

Brief Description: _____

Total PD Hours: _____

Presenter(s): _____

Target Audience: _____

Learning Goals and Outcomes Expected:

- Create opportunities for students and teachers to use their own basic cell phones in their teaching and learning;
- Develop classroom projects that help students to utilize their cell phones safely and ethically in and out of school;
- Utilize web-based tools that allow students to create products, publish ideas, and demonstrate understandings by using their cell phones;
- Use cell phones to publish ideas and reflections on learning in a collaborative web space; and
- Address the ethical challenges and management issues associated with incorporating cell phones into the curriculum.

Principal Authorization: _____

Central Office Review/Authorization: _____

Comments: _____

Date Entered In STIPD: _____

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