

## **Administrative Procedure for Graduate Level Course and Degree Approval (12/16/10)**

To obtain course approval for a column change on the salary schedule, graduate courses must be sufficiently related to a teacher's / administrator's "Individual Professional Development Plan (IPDP)," school goals, and system goals, and must be completed at the graduate level at an accredited college, university, or other equivalent provider. Individual graduate courses and advanced degree programs require prior approval based on the standards below.

### Standards for graduate level course and degree approval:

- courses in the area of a teacher's primary license under which he/she is currently employed that are necessary for licensure renewal, change in licensure grade-level, and/or change in licensure type such as from "initial" to "professional"
- courses necessary to obtain "highly qualified" teacher status pursuant to the NCLB Act.
- subject matter courses used to improve one's teaching practice in the teacher's primary area of content specialization
- methods courses used to improve one's teaching practice in the teacher's primary area of content specialization
- courses required by the Lexington Public Schools for a teacher's continued employment
- courses required by the Lexington Public Schools in order for a teacher to receive a promotion within the Lexington Public Schools
- on-line courses that require: a) on-line interaction among class participants, i.e. regular "chat rooms" meetings that require class members to log-in and participate in discussions, b) posted assignments that are graded, and c) a graded mid-term and/or final examination; and/or graded mid-term and/or final project. Teachers are required to submit a copy of the on-line institution's internal standards for awarding of credits in order to receive course approval.
- other courses as deemed appropriate by the Superintendent of Schools

In the event a course or degree program is not approved, the individual seeking approval will have the right to meet with the Assistant Superintendent for Human Resources to review the decision.

## Graduate Level Course and Degree Approval Form\* (Please Print)

\_\_\_\_\_  
Name School Grade/Subject

Graduate Institution or Other Provider \_\_\_\_\_

Course Title \_\_\_\_\_

Course Number \_\_\_\_\_ Number of Credits \_\_\_\_\_

Brief Course Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request approval for the above course(s) to be taken during the \_\_\_\_\_ semester of 20\_\_\_\_

### **Licensure:**

- ☐ Professional license in the above Grade/Subject area - Attach a copy of your IPDP - **required**
- ☐ Other: Waiver, Temporary, Preliminary, Initial – IPDP **not** required

\_\_\_\_\_  
Teacher Signature Date

\_\_\_\_\_  
Principal Signature Date

Approved for Credit \_\_\_\_\_  
Assistant Superintendent for Human Resources Date

*Please note:* When course is completed, an official transcript must be sent to the Human Resources Office for consideration for credit towards a lane change.

\*Please read Policy and Administrative Procedures

White – File Copy  
Yellow – Staff Copy



"We help children learn."

Massachusetts Department of

Education

**Sample Individual Professional Development Plan  
for Massachusetts Educators**

Name: Last First Middle Renewal Year

Home Address City State Zip Code

Primary Area Certificate Number

District School Grade Level(s) Subject(s)

Professional Development Points Required for Renewal of **Primary Area** 150 PDPs (no longer 120)

Total number of PDPs required in content

My professional growth goals (please number):

My professional growth goals are consistent with the following district and/or school goals:

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**Record of Approved Professional Development Activities for Primary Area**

Professional Development Activity	Professional Growth Goal (Goal Number)	Content PDPs	Other PDPs (pedagogy or professional skills)	*Date Approved & Supervisor's Initials <b>OPTI ONAL</b>	Date Completed

\*The Supervisor's initials indicate that the professional development activity is consistent with the educational needs of the school and/or district and is designed to enhance the ability of the educator to improve student learning.

**Record of Additional Professional Development Activities for Elective PDPs**

Professional Development Activity	Professional Growth Goal (Goal Number)	Content PDPs	Other PDPs	Date Completed


Use additional copies of this form if necessary.

*This document and other Department of Education documents and publications are available on our website at [www.doe.mass.edu/recert](http://www.doe.mass.edu/recert).*

\_\_\_\_\_  
Educator's Name

\_\_\_\_\_  
Certificate Number

**Initial Review and Approval**

**Date** \_\_\_\_\_

The signature below indicates that 80% of this educator's Individual Professional Development Plan is consistent with the educational needs of the school and/or district and is designed to enhance the ability of the educator to improve student learning.

\_\_\_\_\_  
Supervisor's Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

**First Two Year Review**

**Date** \_\_\_\_\_

The signature below indicates that this educator's Individual Professional Development Plan was reviewed.

*Please check one.*

\_\_\_\_\_ The Plan remains consistent with the educational needs of the school and/or district.

\_\_\_\_\_ The Plan was reviewed and amended.

\_\_\_\_\_  
Supervisor's Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

**Second Two Year Review**

**Date** \_\_\_\_\_

The signature below indicates that this educator's Individual Professional Development Plan was reviewed.

*Please check one.*

\_\_\_\_\_ The Plan remains consistent with the educational needs of the school and/or district.

\_\_\_\_\_ The Plan was reviewed and amended.

\_\_\_\_\_  
Supervisor's Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

**Final Endorsement****Date** \_\_\_\_\_

The signature below indicates the supervisor has reviewed this educator's Record of Professional Development Activities and the reported activities are consistent with the approved professional development plan.

\_\_\_\_\_  
Supervisor's Name (print)\_\_\_\_\_  
Title\_\_\_\_\_  
Signature

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Graduate Institution or Other Provider \_\_\_\_\_

Course Title \_\_\_\_\_

Course Number \_\_\_\_\_ Number of Credits \_\_\_\_\_

Brief Course Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request approval for the above course(s) to be taken during the \_\_\_\_\_ semester of 20\_\_\_\_

### **Licensure:**

☐ Professional license in the above Grade/Subject area - Attach a copy of your IPDP - **required**

☐ Other: Waiver, Temporary, Preliminary, Initial – IPDP **not** required

\_\_\_\_\_  
Teacher Signature Date

\_\_\_\_\_  
Principal Signature Date

Approved for Credit \_\_\_\_\_  
Assistant Superintendent for Human Resources Date

*Please note:* When course is completed, an official transcript must be sent to the Human Resources Office for consideration for credit towards a lane change.

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