**Mainstream Teacher of ELs Professional Learning Record – 2014/2015**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_ Position/Subject Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*The purpose of this form is to document the mandatory, sustained professional learning specifically related to best practices for instruction with English Learners. This form is ONLY to record your participation for Title III monitoring documentation. It does record participation for PLUs. Mandatory video sessions are described for you. As you participate in additional professional learning specific to English Learners throughout the year, record the information on the blank lines (ex. PL with your ESOL teacher, attendance at conference sessions, etc.). Additional documentation such as a copy of the agenda, handouts, sign in sheets, etc. must be provided for additional sessions listed.*

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| *Required Learning Experiences* | *Date* | *Topics* |
| Beginning of Year EL Video |  | Legal responsibilities, student data in Infinite Campus, ACCESS for ELLs, Can-Do Descriptors |
| WIDA Video – Can Do Descriptors |  | Using the Can-Do Descriptors to differentiate instruction for ELs |
| WIDA Video -- MPIs |  | Model Performance Indicators – Transforming your content standards to meet the needs of ELs |
| Working with EL Parents |  | Strategies for working with parents of English Learners to improve ELs’ ELP and academic achievement. |
| Progress Monitoring/Language Strategy – Session 1 |  | Description of strategy or strategies: |
| Progress Monitoring/Language Strategy – Session 2 |  | Description of strategy or strategies: |

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| *Additional Learning Experiences* | *Date* | *Description \*Attach copies of the agenda, handouts, etc.*  |
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Answer the questions below:

1. What did you learn from these experiences that will help you make your content comprehensible to the English Learners you teach?

2. What language proficiency specific professional development topics would you like to see offered in the future?

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

School Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit this completed form to Dr. Amy Fouse (Pony 8002) by December 5, 2014.**