



**Chilliwack
School District**

PROFESSIONAL DEVELOPMENT CTA SELF-DIRECTED FORM

One week prior to the activity submit this form for approval to CTA ProD Chair @ CTA Office
(Fax 604-792-9389) If further clarification is needed in order to grant approval, you will be contacted.

NAME: _____	SCHOOL/SITE: _____
Date of Activity _____	
Focus of Learning (check applicable description):	
<input type="checkbox"/> Research <input type="checkbox"/> Developing Strategies <input type="checkbox"/> Collaboration with colleague(s) <input type="checkbox"/> Other (please specify) _____	
Desired Outcome (briefly describe topic and goal):	
_____ _____ _____	
Signature: _____	Date: _____

<i>For Collab Self-Directed In Lieu Days only:</i>
Location
<input type="checkbox"/> At school
<input type="checkbox"/> At another SD33 site (please specify) _____
<input type="checkbox"/> *At an out-of-district workshop (please specify) _____
*Principal's signature: _____

Please note:

- Self-directed ProD is discouraged on district-wide days.
- CTA ProD Policy states that self-directed is “*not for credit course work where there are contract benefits or implications*” and it is “*Not to be used for regular classroom school work*”.

For CTA Office use only - ProD Chair Initial _____ Approved