

# POLICY

TRENTON BOARD OF EDUCATION  
TEACHING STAFF MEMBERS  
3244.1  
IN-SERVICE DAYS (*Certificated Staff*)

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2<sup>nd</sup> DRAFT

## 3244.1 In-Service Days (Certificated Staff)

The Board of Education encourages all certificated staff members to engage in continuing professional development through participation of “In-service days” for training and workshops.

A calendar of District sponsored professional development trainings and workshops shall be submitted for Board approval prior to September 1<sup>st</sup> of each school year.

Certificated staff members may be permitted to participate in “In-service” trainings and workshops, both within and outside the district. An individual requesting the participation of “In-service” days or professional development activities shall meet with their immediate supervisor to (1) discuss how attending such professional development will enhance the performance of their duties; and (2) to schedule dates to turnkey the information received from the training. The names of staff members attending professional development training must be submitted in writing by the immediate supervisor, for Board approval, at least one month in advance of the professional development training. Each certificated staff member shall be limited to a total of 5 (five) “In-service” days per school year. *Teachers on a Corrective Action Plan (CAP) shall be excluded from this limitation of days.*

A certificated staff member who has been approved for an “In-service day” for time away from their Board approved position, shall submit to the Chief Academic Officer or their immediate supervisor, within twenty working days, a brief written report that includes the primary purpose of the “In-service” day, the key issues addressed at the event, and their relevance to improving instruction or the operations of the school district.

The Superintendent or his designee shall prepare and distribute to all teaching staff members regulations governing professional development activities.

### **PROCEDURE :**

When a certificated staff members desires to attend a professional development activity, they must meet with their immediate supervisor to determine the appropriateness of the activity (review of the staff developer, date, applicability to current assignment, number of I-days previously approved, etc.)

During this meeting, the attached I-day Request Form should be collaboratively completed. (*See attachment*)

### **LEVEL ONE APPROVAL :**

- The staff member creates an absence in *Source 4 Teachers* for an “In-service” day.
- If a substitute is required, the search for a substitute starts immediately.
- An email is sent by *Source 4 Teachers* to the immediate supervisor to notify them that there is a pending request for approval.
- The immediate supervisor logs into *Source 4 Teachers* to approve or deny the request  
If the request is denied - *Source 4 Teachers* sends an email to the staff member with notification of denial.

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If the request is approved – *Source 4 Teachers* sends an email to the Chief Academic Officer for approval.

## **LEVEL TWO APPROVAL :**

- An email is sent by *Source 4 Teachers*, to the Chief Academic Officer to notify that there is a pending request for approval.
- The Chief Academic Officer logs into *Source 4 Teachers* to approve or deny the request - If the request is denied – *Source 4 Teachers* notifies the staff member and cancels the substitute request.
- If the request is approved *Source 4 Teachers* sends a message to the staff member with a notification of the approval.

**NOTE: Your immediate supervisor may require you to turn-key this professional development training.**

## **BOARD APPROVAL**

- The Human Resources Department submits the staff members names for each professional development activity, for Board approval.

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**TRENTON PUBLIC SCHOOLS**  
**REQUEST FORM FOR PROFESSIONAL DEVELOPMENT DAY**  
**(In-Service Day)**

(please print)

Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Assignment \_\_\_\_\_ Grade Level \_\_\_\_\_

1. Title of the professional development:

\_\_\_\_\_

2. Date /Time/Location :

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Location

3. Please state how this professional development will enhance your practice :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What are the proposed meeting dates/times you would commit to turnkey the information learned from the professional development training.

\_\_\_\_\_  
\_\_\_\_\_