

MASTER PLAN COMPLIANCE

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Course Group Number: 39001352

Introduction

This Master Plan was created to align all mandatory professional learning events that are required for groups or all employees. The course types attached to this course group will be **training** and will **NOT** result in inservice credit eligible for recertification. These courses will appear as "hours in participation" on the individual's professional learning record.

This Master Plan is not to be used to evaluate the effectiveness of compliance events. The training events covered by this master plan will not be monitored for implementation or effectiveness. They will be monitored for fulfillment of the mandate. The course roster, certificate of completion or affidavit will serve as documentation of completion.

The attachment of a qualification to the HR record of an employee may also be aligned to the completion of a compliance course but is not necessary.

It is the intent of the Broward Professional Development System to require a Master Plan for any professional development event that results in "increasing educator/employee effectiveness and results for students and/or job performance. The courses tied to this master plan are not intended to change practice but are necessary for the safety and well being of all employees.

| 1. STATE MANDATES | | | | |
|---|---------------------|---------------------|--------------------|--|
| 1.1 DESIRED OUTCOME : The District will comply with the requirements of the mandate by | | | | |
| ensuring that those targeted in the mandate do complete all requirements. | | | | |
| LEVEL 4 | LEVEL 3 | LEVEL 2 | LEVEL 1 | |
| District is in full | 75% of the targeted | 50% of the targeted | District is out of | |
| compliance | employees completed | employees | compliance for the | |
| (100%) for the | the mandate. | completed the | mandate | |
| mandate. | | mandate. | | |

| 2. FEDERAL MANDATES | | | | |
|---|---|---------------------|--------------------|--|
| 1.1 DESIRED OUTCOME : The District will comply with the requirements of the mandate by | | | | |
| ensuring that those targeted in the mandate do complete all requirements. | | | | |
| LEVEL 4 | LEVEL 3 | LEVEL 2 | LEVEL 1 | |
| District is in full | 75% of the targeted employees completed | 50% of the targeted | District is out of | |
| compliance | 1 1 | employees | compliance for the | |
| (100%) for the | the mandate. | completed the | mandate | |
| mandate. | | mandate. | | |

| 3. DISTRICT POLICY | | | | |
|---|---------------------|---------------------|--------------------|--|
| 1.1 DESIRED OUTCOME : The District will comply with the requirements of the mandate by | | | | |
| ensuring that those targeted in the mandate do complete all requirements. | | | | |
| LEVEL 4 | LEVEL 3 | LEVEL 2 | LEVEL 1 | |
| District is in full | 75% of the targeted | 50% of the targeted | District is out of | |
| compliance | employees completed | employees | compliance for the | |
| (100%) for the | the mandate. | completed the | mandate | |
| mandate. | | mandate. | | |

Data Collection Plan

End Goal of plan; Documentation of compliance for any mandate required of a group or the entire district.

| What type of data needs to be collected? | What sources of data will help the investigation? | Are the data available or do new data need to be collected? | Where are these data located? | Who will be responsible for collecting these data? | When will these data be collected? |
|--|--|---|-------------------------------------|--|--|
| Documentation of completion | Sign-in sheets Certificates of completion Signed affidavit | available | Varies with target audience | Principals, Supervisors, or Directors of the targeted employees | At the conclusion of the event |

| Area of Impact | Formative Measures | Summative Measures |
|-------------------|--------------------|--------------------|
| Teacher Practices | | N/A |
| | N/A | |
| Leadership | | N/A |
| Practices | | |
| | N/A | |
| Collaboration | | N/A |
| Practices | N/A | |
| | | |
| Student Learning | | |
| | | N/A |
| | N/A | |

Master Plan Self-Assessment Tool

(For use by implementers of the Plan)

Please review the innovation configuration components, desired outcomes, and described behaviors. Identify for each desired outcome the level that most closely describes your current practice. Place an x in the box for the appropriate level.

| State Mandates | | | | |
|-------------------|---------|---------|---------|--|
| Desired Outcome 1 | | | | |
| Level 4 | Level 3 | Level 2 | Level 1 | |
| | | | | |

What do I need to move to the next level?