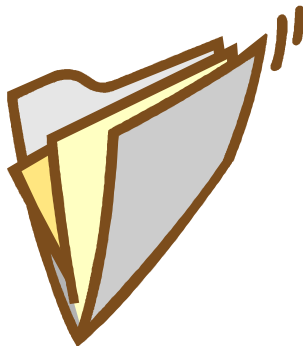


Continuous Professional Development for Primary and Secondary School Teachers, Leaders and Supervisors in Ethiopia

The Practical Toolkit

Appendices



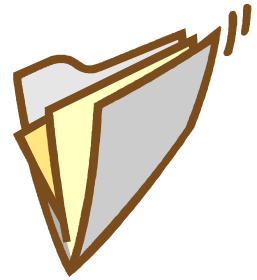
Ministry of Education
Federal Democratic Republic of Ethiopia



APPENDICES

The following forms can be used by schools or individuals as appropriate.

These are **master copies**, please use photocopies so that you can use them every year to plan your CPD.



Contents

School Consultation Forms

- All staff
- Teaching Staff
- Students
- Parents and Carers
- Members of the Community

School CPD Needs

School CPD Priorities

Individual CPD Needs

School Annual CPD Plan

School Module Plan

Individual Annual CPD Plan

Individual Module Plan

School's CPD Time Allocation

Individual Teacher's CPD Time Allocation

The CPD School Module Planning Form

Criteria for choosing a leader of the School Module

The CPD Cycle

School Consultation Form

Name of School

To All Staff

Please answer the following questions and bring to the staff meeting on

What does our school do well?	What does our school need to improve?

School Consultation Form

Name of School

To Teaching Staff

Please answer the following questions and bring to the staff meeting on

What does our school do well?	What does our school need to improve?

School Consultation Form

Name of School

To All Students

What does our school do well?	What does our school need to improve?

School Consultation Form

Name of School

To Parents and Carers

What does our school do well?	What does our school need to improve?

School Consultation Form

Name of School

To Members of the Community

What does our school do well?	What does our school need to improve?

School CPD Priorities

Name of School

These are the school's most important needs	Is this related to CPD? Yes or No

Our school CPD Priorities are

- 1.
- 2.
- 3.

My Individual CPD Needs

School

Name

What are my strengths?	What do I need to improve?

My CPD Needs

My CPD Priorities are:

- 1.
- 2.
- 3.

School Annual CPD Plan

Name of School

CPD Priority	Who will take part in the CPD?	Who is the person responsible?	When will it start and finish?	What changes do you want to see?

Personal Annual CPD Plan


School

Name

CPD Priority	Who will take part in the CPD?	Who is the person responsible?	When will it start and finish?	What changes do you want to see?

The School's Time Allocation


Name of School

 School Priorities	Source of Need	Teachers involved	Time - 60 hrs total

An Individual Teacher's Time Allocation

School

Name

 My Priorities as a teacher in the school	Source of Need	Who is doing this with me?	Time - 60 hrs total

The CPD School Module Planning Form

School/Individual

Person responsible for planning the School Module

1. School Module Title (CPD Priority)	
2. What changes do you want to see?	
3. Participants	
4. Leader(s)	
5. Duration of School Module	
6. Start and finish dates	
7. Locations	
8. Resources needed	

School Module Plan

Name of School

9. Type of Session	10. Objectives of session	11. Duration

The CPD Individual Module Planning Form

School/Individual

Person responsible for planning the Individual Module

.....

1. Individual Module Title (Personal CPD Priority)	
2. What changes do you want to see?	
3. Participants	
4. Leader(s)	
5. Duration of Individual Module	
6. Start and finish dates	
7. Locations	
8. Resources needed	

Individual Module Plan

School Name

9. Type of Session	10. Objectives of session	11. Duration

Criteria for choosing a leader of the School Module

Name of School		
Name of possible leader:		
	Criterion	✓ or ✗
	Subject knowledge or expertise in this area	
	Skill in carrying out a particular type of methodology in this area	
	Successfully led this kind of training before	
	Wishes to develop his or her own professional skills by leading a CPD School Module	
	Commitment to complete the School Module	
	Confidence and respect of the staff	
	Identified as having leadership potential and could be invited to lead	

Duration of a School Module

Name of School

School Module Title	Sessions	Duration

Duration of an Individual Module

School

Name

Individual Module Title	Sessions	Duration

Session Planning Form

School

Date **Session Number**

Objective

Activity	Detail	Resources	Time

