



RIVER EAST TRANSCONA SCHOOL DIVISION
 RIVER EAST TRANSCONA TEACHERS' ASSOCIATION
 APPLICATION FOR
 COLLABORATIVE PROFESSIONAL LEARNING PROJECTS
 July 1, 2022 - JUNE 30, 2023

2022-2023 Collaborative Professional Learning Projects

APPLICATION FORM

*To be completed by the Project Leader.
 This is available to RETTA members only.*

Deadline: Must be submitted by October 1st, 2022

Name of Project Leader:

School:

Telephone:

Email:

Please list the names of all participants (min. 4)

N.B. Each CPLP participant is required to complete and submit the Member Intent Form with this application (see separate form).

Name	Position/Role	Member Intent Form Completed
		<input type="checkbox"/>
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Projected Expenditures

Budget	Estimated Cost
<i>Facilitator or Presenter Expenses</i>	
<i>CPLP Learning Materials (not to exceed 20% of total grant)</i>	
<i>Release Time (Do not list cost, just approx. number of meeting dates)</i>	
<i>Anticipated Costs</i>	\$

Attach a separate sheet if required.

Amount of funding requested: \$

Cheque should be addressed and made payable to the following teacher:

PROJECT INFORMATION

Focus of Project: What topic(s), shared dilemma, or promising practices would your group like to explore?

Rationale: Why does your group want to explore the above topic(s), shared dilemma, or promising practices? What is the overarching question for your collaborative work?

Proposed CPLP Plan:

Meeting Focus/Activity	Possible Date	Anticipated Meeting Outcomes	Responsible Party (e.g. Project Leader, Facilitator, etc.)

Responsibilities of the Project Leader

- Oversee the Collaborative Professional Learning Project plan
- Book necessary logistics including meeting rooms, technological equipment, facilitators, photocopies, etc.
- Submit a final report including a breakdown of the budget to the RETTA office by May 1st

The type of Collaborative Learning Project, number of teachers involved, impact on teacher practice and agency, and regional representation are some factors that will be considered during the approval process.

PLEASE **KEEP A COPY** OF YOUR APPLICATION.

Please **Email** this form to **RETTA** (treasurer@retta.mbteach.org)

Member Intent Form *(To be completed by each participant individually. Copy this page as required.)***School Name:****Teacher Name:****Principal's Signature:**

<p>What is your motivation for joining this collaborative learning team?</p>	<p>What is your goal for this project? How do you hope this project will impact your teaching practice?</p>
<p>What will success in this collaborative learning project look like to you?</p>	<p>What questions do you have about participating in the collaborative learning team project?</p>