



Classified Learning Cooperative

Facilitator Handbook



Table of Contents

- I. Facilitator Guide
- II. Forms
 - a. Proposal Packet
 - b. CLC Session Request
 - c. Facilitator Summary
 - d. Participant Agreement – Sent to students by Learning Coordinator

Contact:

Melanie Rodriguez

Professional Learning Coordinator

melanierodriguez@powaysea.org

858.842.4980x103

Websites

PUSD Professional Learning Website: <https://ppl.powayusd.com/App/Menu.aspx>

PSEA Professional Learning Website: <https://www.poway-psea.org/professional-learning/>

Facilitator Guide



Thank you for your interest in facilitating a CLC course! You play a vital role in ensuring high quality professional learning for PUSD Classified Staff and in maintaining the integrity and success of the CLC Program. Your responsibilities as Facilitator are listed below.

Proposal

1. Review the CLC Manual prior to completing the packet. This contains key guidelines to ensure CLC meet all requirements.
2. Complete the CLC Proposal Packet
3. Please attach any supporting presentations, worksheets or other documents that may be relevant.
4. Completed applications must be received 10 days prior to a Professional Learning Advisory Board (PLAB) meeting (dates posted on the PSEA website). Meetings are generally held the third Wednesday of the month except for July.
5. Submit your completed proposal electronically via email attachment to Melanie Rodriguez Professional Learning Coordinator at melanierodriguez@powayusd.com.
6. After Submittal
 - A Professional Learning Representative will be assigned for each CLC submission. The Professional Learning Representative will provide support and guidance to the CLC originator, throughout the CLC process. If necessary, modifications will be made with the writer.
 - The Professional Learning Representative will then evaluate and review the proposal with the Professional Learning Coordinator. If no further modifications are indicated, the proposal will be added to the next Advisory Board meeting agenda. If modifications are indicated by the PLAB, suggestions will be offered and the proposal will be returned to the writer for final editing.
 - Proposals will be reviewed by the Advisory Board at regularly scheduled monthly meetings. Once approval has been given, the originator will be notified and work may begin on the CLC activities. You will not receive credit for any work done on the CLC prior to approval.

Before the CLC Starts (Once your CLC is approved):

1. Reach out PSEA Learning Coordinator to request the approved CLC Proposal and Planning Guide
2. Complete the Session Request Form and submit to the Professional Learning Coordinator at least 3 weeks prior to requested start date.
3. The Professional Learning Coordinator will enter the course into the Poway Professional Learning website <https://ppl.powayusd.com/> Once entered, the Facilitator should log in and confirm that all information is correct.
4. Contact the Professional Learning Coordinator for requested course supplies at least two weeks before class starts.
5. You are encouraged to invite any contracted PSEA Classified Staff member to participate. (Substitutes are welcome to audit but will not be compensated).

Classified Learning Cooperative

Facilitator Guide



6. Ensure that you are able to access through the Poway Professional Learning website your class roster, sign-in sheets and email contact information for all enrolled participants.
7. It is helpful to send reminders or a welcome email a day or more before your class starts. You may use your PUSD email address or the 'email participant' feature within the Professional Learning website.

Starting your CLC:

1. Maintain attendance for each class. Keep sign-in sheets until the course has been funded at completion.
2. Explain course expectations and requirements to participants:
 - a. Review CLC materials needed during the course. Provide participants with a checklist of materials outlining the requirements that will be part of their portfolios at the close of the CLC. (As Facilitator, you will be turning in a hard copy of one completed portfolio from a participant (other than yourself) to your PLAB Rep at the close of the CLC. It may be copies or originals).
 - b. Review attendance requirements – details in CLC Resource Guide
3. Maintain accurate records of all meetings including sign in sheets, agendas, meeting notes, homework, portfolios, journals, etc.

After CLC ends:

1. Make sure all participants submit a completed CLC Participant Survey within 1 week of the last session.
2. Collect required portfolio participant materials as specified in the CLC checklist.
3. Check attendance records and each portfolio to ensure all requirements have been met.
4. Complete Facilitator Summary.
5. Submit the following to your PLAB Rep within two weeks:
 - a. Sample participant portfolio (a sample of each assignment by a variety of participants) – uploaded to Google Drive
 - b. Facilitator and/or Co-Facilitator Summary & Participants Roster
 - c. Participant Summaries (Google Survey)
 - d. Signed, original Facilitator [Timesheet](#) (see CLC Resource Guide for updated guidelines)

Classified Learning Cooperative

Proposal Packet



CLC Title: _____

Applicant: _____

Date Submitted: _____

Anticipated Start Date: _____

Email: _____ Cell Phone: _____

PRE-PLANNING QUESTIONS

Identify the need you would like to address:

Identify your learning objectives. What will participants know and/or be able to do upon completion of this CLC?

Identify primary source of the content:

Write a Proposal Description (This will be used in advertising the class to prospective participants):

Identify the type of learning that will take place:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Book Study | <input type="checkbox"/> Online Course | <input type="checkbox"/> In-Service |
| <input type="checkbox"/> Content Study | <input type="checkbox"/> Conference | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Other: | | |

Which category does the CLC fit in:

- | | | |
|---|---|--|
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Curriculum Development | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> |
| <input type="checkbox"/> Other: | | |

Check which District goals your CLC will be aligned with:

- Ensure each student engages in a challenging 21st century learning experience.
- Develop and maintain communication systems that create collective engagement among
- Support the District's strategic vision of College and Career Readiness for All Students.
- Address a problem in practice and/or need that is relevant to a job function within the

Proposed Hours Required for Class:

- 20 hours (5 points) 40 hours (10 points)

Budget Amount Requested (Max \$250 for <5, \$375 for 6-10 participants, \$500 for 10+) \$ _____

Description of Items Needed:

OFFICE USE ONLY:

Approved: Yes No PLAB Approval Date: _____

Classified Learning Cooperative Proposal Packet



SESSION PLANNING
Complete one for each session planned.

Session # & Title: _____

Objective: _____

Total Hours: _____

Evidence for Portfolio: _____

<p>Prep/Homework Due for Session: This is what is due at the <u>beginning</u> of class.</p>	
<p>Tasks for Learning: List what activities will be done and sources of information.</p>	
<p>Implementing Learning (at work):</p>	
<p>Reflecting: What was the impact?</p>	

Activity Time: Class Time: _____ Homework/Implementation: _____ Total _____



Classified Learning Cooperative

CLC Session Request

SESSION DETAILS (Complete once course is approved by PLAB)

Class Title: _____

Facilitator 1: _____

Payment Type: Points & Pay Pay Only

Facilitator 2: _____

Payment Type: Points & Pay Pay Only

Target Audience: _____

Max # of Participants: _____

Materials Required: _____

Session Details

Session #	Date	Time	Location
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Proposed Changes to Approved CLC (If facilitating an existing CLC)

Session #	Proposed Change to Session (Provide description of Changes)

Key Facilitator Guidelines:

1. I have reviewed the CLC resource guide and will comply with the guidelines set forth in the guide.
2. I can timesheet hours needed for the facilitating the CLC to a max of the hours listed in the guide (updated rules 9/2023)
3. I have reviewed the approved CLC course outline and will structure the class according to the approved outline. Any significant changes to the course need to be submitted to PLAB for approval prior to class starting.
4. I will be responsible for putting together and submitting the close-out materials within one week of course completion.
5. Facilitator teams must agree that they will split the stipend if the enrollment drops below the needed ratio.

Primary Facilitator's Signature: _____ Date: _____

Office Use Only:

Existing Approved CLC: # of Points _____ # of Sessions _____

Changes approved by PLAB: Yes _____ No _____ Date: _____



SESSION DETAILS

Class Title: _____

Facilitator Name: _____ Work Site: _____

Payment Type: Pts & Pay Pay Only

Email Address: _____ Phone #: _____

Actual Start Date: _____ Actual End Date: _____

CLC Points Allotted: _____

LEARNING SUMMARY

Summarize your participants' thoughts and reactions to the new learning that took place in this CLC by citing a few examples of how the participants implemented their new learning in the classroom with their students. Include any changes and modifications to the original CLC proposal that occurred as a result of the participants learning:

Do you feel this learning will have a direct or indirect impact on student learning? If so, how?

REFLECTION

Complete the following based on your review of the participants' summaries

Overall impact of the learning on your participants:

What did you learn as a result of this CLC?

What, if anything, would you change if you were to facilitate this CLC again?

Did you come up with any ideas for future CLCs as a result of this one? If yes, what are they?

Classified Learning Cooperative

Facilitator Summary



PARTICIPANT ROSTER

To be completed by primary facilitator.

Class Title: _____

Facilitator Name: _____

Name of Participant	Completed <small>(Met all requirements and receives points)</small>	Not Completed <small>(Attended TLC but did not complete all requirements and does not receive points)</small>	Dropped <small>(Did not finish course)</small>	Pending <small>(Please cite reason and anticipated completion date)</small>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITATOR SUBMITTAL CHECKLIST

- Complete Facilitator Summary including Participant Roster
- All Participant Summaries Submitted Via Google Form
Completed Portfolio (files uploaded to Class Google Drive and shared with Learning Coordinator & PLAB Rep)
- Facilitator Timesheet

Primary Facilitator's Signature: _____ **Date:** _____

OFFICE USE ONLY:

PLAB Representative _____

CLC Payment Approved Yes No

Rep Signature: _____ **Date:** _____

Classified Learning Cooperative

Participant Agreement



Class Title: _____ Start Date: _____

Participant Name: _____ Work Site: _____

Employee ID # _____ Position: _____

Class Dates: _____

Class Location: _____

Class Prerequisites are: _____

This must be returned by (_____) to hold your spot in the CLC. If not returned by the due date, participant will be dropped from the course.

In preparation for the upcoming CLC, we are asking all participants sign the agreement below to confirm participation in the class. These classes are in high demand and these guidelines ensure we maximize the benefit for all participants. The following rules apply to all CLC participants:

1. In order to be eligible for a stipend, participants must be contracted staff that have passed probation. Probationary staff can participate and submit for a stipend upon completion of the probationary period. Substitutes may audit classes if space is available but are not eligible for the stipend.
2. Participants can only miss one class. If a student is more than 15 minutes late for a class, it will be considered an absence. The dates for the class are listed above. Please confirm that you will be able to attend these sessions.
3. The max number of points any participant can take per school year is 10 CLC points. Participants can take one 10-point class or two 5-pointc classes during each school year. Those who go over the limit will not receive a stipend.
4. Participants cannot be enrolled in multiple CLCs concurrently.
5. CLCs have designated amounts of time outlined to complete the class and homework. It is expected that a 10-point class will require 40 hours of work both in and out of the class (including homework). For a 5-point class, it is anticipated that it will take approximately 20 hours to complete.
6. If a class is held on zoom, we do expect participant engagement. Participants should not be driving, running errands or be otherwise distracted while attending class and the camera should be on. Lack of participation can disqualify a participant from receiving CLC points.
7. Unenrolling from a class within 5 business days of the start date, will result in the staff being ineligible to participate in another CLC for 6 months, unless there is a verified emergency.

We hope these guidelines provide the best possible experience for all participants.

Name (Printed)

Signature

Date

Office Use Only

Eligibility: Contracted ___ Good Standing _____ Permanent ___ CLC Points Eligible _____

Enrolled: _____ Materials P/U: _____