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# **PROFESSIONAL IMPROVEMENT**

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**Teachers' Handbook  
2022-2023**

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## What is the Central Professional Improvement Committee (CPIC)?

The CPIC is a parity committee (Chapter 7) whose responsibilities and operations have been defined by the Local Collective Agreement (Chapter 4: article 4-3.03).

These responsibilities include:

- Administering the funds allocated for the professional improvement of teachers
- Assisting teachers in addressing the professional improvement needs of the school/centre community

The CPIC has ten members: four (4) teachers, four (4) administrators and two observers.

For the year 2022-2023 the members are as follows:

**Administrators:** Nathia Messina, Roger Rampersad, Michael Clark, Dean Graddon

**Teachers:** Marie-Pier Michaud, Jennifer Baltuonis, Annie Sabourin, Stéphanie Côté

**Observer:** Erica Lamothe, Sandra Luther

## Role and Goals of the CPIC

The Ministry of Education (MEES), as per Chapters 7 & 13 of the Provincial Collective Agreement, allocates professional improvement funds. The CPIC is responsible for administering how the funds are allocated:

- To assist teachers in participating in professional improvement activities
- To foster a collaborative climate conducive to ongoing, focused professional improvement throughout the system
- To promote an awareness of recent developments in educational research and the use of new technologies
- To assist the network of teachers and schools in the development and growth of ideas, methods and innovations in teaching
- To enable educators to share with other colleagues within the board the skills and knowledge that they have acquired

## Guidelines

1. CPIC meets on a monthly basis to discuss requests. Priority will be given to teachers who have not received funding from CPIC in the past two years.
2. The CPIC may take into account:
  - The location of the **Professional Development Activity (PDA)**. Priority may be given to PDAs in the Montreal area
  - The relevance of the PDA to the teacher's current assignment
  - The applicant's previous attendance at the same or similar PDA
  - The overall cost of the PDA
  - The limitations of the CPIC budget
  - The date by which the application is received by the CPIC
  - The number of teachers selected from any one school/centre for a given PDA
3. CPIC will not grant funds to teachers accompanying students to events
4. CPIC provides funding in four categories:
  - Professional Development Activity (PDA)
  - Networks
  - Credit Courses
  - Special Projects

## **Decentralized Professional Improvement Committee (DPIC)**

According to Article 4-4.04 of the Local Collective Agreement, a Decentralized Professional Improvement Committee exists in each school/centre to administer decentralized funds. In the absence of a Decentralized PIC, School Council assumes this responsibility.

### **Roles of the DPIC**

To disseminate information regarding PDAs

To approve allocation of decentralized funds for PDAs under 250\$

To report Professional Improvement Committee activities at each School Council meeting

1. To submit an **Annual Professional Improvement Plan** (see pages 16&17) by November 30th of each school year. **(Failure to do so will result in the withholding of funding until the CPIC receives the plan.)**

#### **This plan must include:**

- Improvement goals and priorities
- How professional improvement goals and priorities support student success
- How to request decentralized funding
- How the DPIC plans to disburse the funds
- How the DPIC will ensure that the distribution of funding supports student success in the school

**For schools which have not indicated in their improvement plan that they are withholding funds related to a future PDA for the following scholastic year:**

**As of July 1<sup>st</sup>, any initial allocated funds above the listed 100% will be returned to CPIC.**

2. To submit a **Year-End Expense Report** (see page 18) by June 30<sup>th</sup> of each school year. **(Failure to do so will result in the withholding of funding for the upcoming school year)**

#### **This report must contain:**

- Records of decentralized fund allocations
- Name of teachers and PDAs completed during the year
- Financial statement

Submit all forms and reports to:  
Central Professional Improvement Committee,  
c/o Lily Sacco, Committee Secretary, Educational Services.

### **Guidelines**

To be determined at the school/centre level, in accordance with the Collective Entente.

## **Funding**

### **Teachers may apply for either:**

- One Centralized PDA funding request  
or
- Credit course(s) funding per school year

### **Vocational Educators may apply for both:**

- One Centralized PDA funding request  
and
- Credit course(s) funding per school year

### **Professional Development Activity (PDA)**

Funding is available at two levels:

#### **1. Decentralized Professional Improvement Committee (DPIC)**

For PDA **under \$250**

#### **2. Central Professional Improvement Committee (CPIC)**

For PDA **over \$250**

A maximum of \$600 for one person to attend a PDA.

If two or more teachers from a school/centre attend the same event, the CPIC will subsidize them to a maximum of \$1,200 divided equally among the participants.

For PDA over \$250, DPIC must cover a minimum of 25% of the total cost.

#### **Meal reimbursement:**

Suggested guidelines for PDA:

Breakfast:	\$15
Lunch:	\$20
Dinner:	\$45
Maximum total per full day (with receipts)	\$80

#### **Mileage expense:**

Travel cost will be reimbursed as per the board-wide kilometer flat rate from your place of work.

### **Guidelines at CPIC Level:**

#### **Application**

- This year's form must be used
- All questions must be answered
- Detailed information of the event must be attached
- Applications must be received before the deadline indicated on the form
- Signatures of Principal or Center Director and PIC Chair must be included
- Applications must be approved by the CPIC prior to the event

#### **Reimbursement**

- To receive reimbursement, the applicant must complete the appropriate forms and forward it along with the original receipts within 60 days of completion of event

## **Networks**

A maximum of 10 networks will be funded by CPIC. A network is a minimum of four teachers from a minimum of two schools who have common goals, interests, or subject areas and who wish to meet a minimum of four times to share information regarding their fields of interest. Applications will be reviewed at CPIC monthly meetings for consideration and approval. Funds may be used to provide release time. A maximum of \$4000.00 per Network per year will be granted.

To receive reimbursement, the contact person for the Network must complete the appropriate form and forward it to Lily Sacco along with the original receipts within 60 days of the completion of the Network activity. The contact person must submit a report of Network activities to the CPIC no later than June 8<sup>th</sup>.

## **University Credit Course(s)**

- An application to take University Credit courses must be completed to be eligible for reimbursement.

### **Deadline for submission of applications for university courses are as follows:**

**November 8<sup>th</sup>.....Fall course application**

**February 7<sup>th</sup> ..... Winter course application**

**June 6<sup>th</sup>.....Summer course application**

- Reimbursement of tuition for university credit courses has been set at \$60.00 per credit, to a maximum of \$360 per school year per applicant.
- For reimbursement, applicants must attach a photocopy of their transcript or printout of their marks from the university's website indicating the successful completion of the course.
- The reimbursement will appear on the teacher's pay statement as taxable income.
- The deadline for submitting requests for course reimbursement is thirty (30) days after mark appears on transcript.
- An applicant must have a Brevet, teaching certificate, temporary teaching certificate or provisional teaching authorisation

## **CPIC Preliminary Budget Information 2022-2023**

### **Allocation for 2022-2023**

Projected allocation based on full-time equivalent Youth Sector teaching posts: 1390.88 x \$240

Projected allocation based on full-time equivalent Voc. Education teaching posts: 168.20x \$300

Projected allocation based on full-time equivalent Adult Sector teaching posts: 69.53 x \$240

**Total Projected Budget:** \$400,958

Projected Decentralized Budget **62% x \$400,958. =\$248,594**

Projected Centralized Budget **38% x \$400,958. =\$152,364**

Projected Centralized Contingency Fund (Carry-Over 2021-2022) \$493,777

## Starting 2022-2023 Centralized Budget:

**\$646,141.00**

*Be it resolved that, for the 2022-2023 school year, \$40,000 be transferred to the **New Teacher** Fund and \$100,000 will be transferred to the **Special Project** Fund. from the Central Professional Improvement Committee Contingency Fund.*

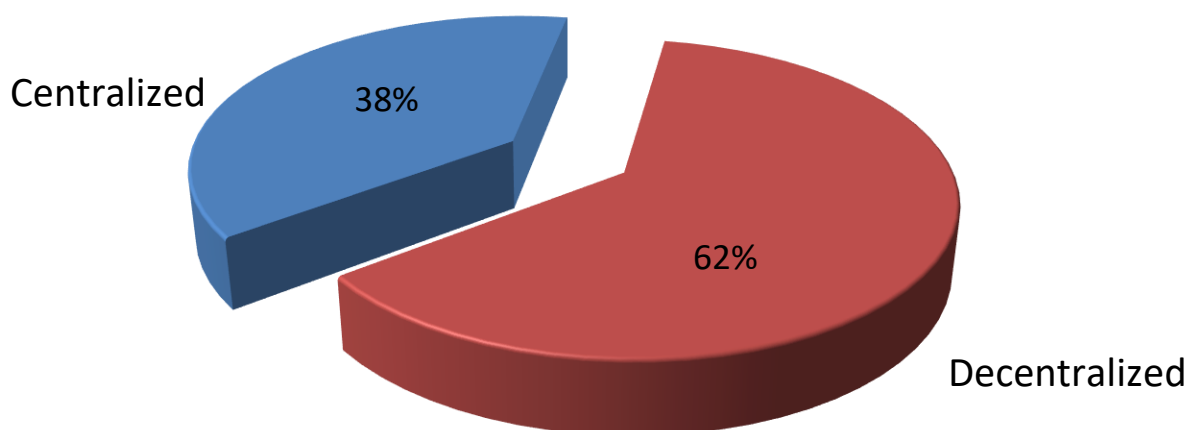
### New Teacher funds will be distributed as follows:

New Teacher funds will be allocated on a first-come, first-served basis to teachers with three years of service (or less) for a PDA with a maximum allocation of \$2500.00 within North America. CPIC will assume up to two days of subbing.

### Special Project funds will be distributed as follows:

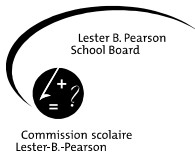
Special Project funds will be allocated on a first-come, first-served basis to schools. Funding requests must include 90% of the school's teaching community. CPIC will cover 40% of cost, up to a maximum of \$5000.00.

## Teachers' Professional Development Allocation:



### Distribution of Funds 2022-2023

Decentralized Allocation to Schools and Centres	\$248,594
Centralized Professional Development Allocation	\$152,364
Total Budget:	\$400,958



**Teachers'**  
**Central Professional Improvement Committee**  
**Application for a Subsidy to Fund**  
**a Professional Development Activity 2022-2023**



**General Information (page 1 of 2)**

**N.B.:** Please fill out every line of the form. Incomplete forms will be returned to you, which may delay or prevent approval.

**Please respect dates of submission indicated below.**

**Sept. 13<sup>th</sup>, Oct. 18<sup>th</sup>, Nov. 8<sup>th</sup>, Dec. 6<sup>th</sup>, Jan. 10<sup>th</sup>, Feb. 7<sup>th</sup>, March 14<sup>th</sup>, April 11<sup>th</sup>, May 9<sup>th</sup> and June 6<sup>th</sup>**

**Please complete the form and return it to Lily Sacco, Ed. Services, CPIC Secretary**

Name: \_\_\_\_\_ School/Center: \_\_\_\_\_ Employee #: \_\_\_\_\_

Teaching assignment (Subjects / Levels): \_\_\_\_\_

Title of Professional Development Activity: \_\_\_\_\_

**Describe Professional Development Activity on reverse.**  
**Forms without proper PDA description will be returned.**

Location: \_\_\_\_\_ Date(s): \_\_\_\_\_

How does this PDA relate to your school/centre's Success Plan and PIC Plan? \_\_\_\_\_

How will you share information with your colleagues?

☐ Verbal Report ☐ Written Report ☐ Workshop ☐ Other (specify) \_\_\_\_\_

Does this conference relate to special needs students? ☐yes ☐no

Have you attended a PDA this year? ☐yes ☐no

When did you last attend a PDA? \_\_\_\_\_

Title of that PDA: \_\_\_\_\_

Did you receive Central PIC funds to attend? ☐yes ☐no

**Projected Costs in Canadian Funds**

Registration: \$ \_\_\_\_\_

Travel: \$ \_\_\_\_\_

Mode of travel: \_\_\_\_\_

Accommodation: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

*The CPIC does  
not cover  
substitution costs  
or the cost of  
alcoholic  
beverages.  
  
All amounts  
should include  
taxes.*

**Funds from:** DPIC: \$ \_\_\_\_\_ Self: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

**Total Request from Central PIC:** \$ \_\_\_\_\_

Principal/Center Director' Signature \_\_\_\_\_

School/Center PIC Chairperson's Signature \_\_\_\_\_

Date \_\_\_\_\_

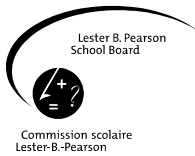
For more information, please feel free to contact Lily Sacco at 422-3000 ext. 32618, by email at [lsacco@lbpearson.ca](mailto:lsacco@lbpearson.ca)

**Please Continue  
on Next Page**









**Teachers'**  
**Central Professional Improvement Committee**  
**Request for Reimbursement for a**  
**Professional Development Activity 2022-2023**  
**Centralized Portion (page 1 of 2)**



**Return the completed form and all original, detailed receipts to Lily Sacco, Ed. Services, CPIC Secretary.**

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School/Centre: \_\_\_\_\_

Title of Conference: \_\_\_\_\_ Date of Conference: \_\_\_\_\_

Please attach original, detailed receipts for every amount claimed. The CPIC will not reimburse any amounts claimed which do not have a matching original, detailed receipt.

The committee does not reimburse alcoholic beverages. Travel cost will be reimbursed as per the board-wide kilometer flat rate from your place of work.

Reimbursement will take place within six weeks of the receipt of properly completed forms and original receipts. It will appear on your pay statement as non-taxable income.

**Claims must be requested in Canadian funds**

Registration: \$ \_\_\_\_\_

Travel: \$ \_\_\_\_\_

Accommodation: \$ \_\_\_\_\_

Meals (no alcoholic beverages): \$ \_\_\_\_\_

Other (Specify) : \_\_\_\_\_ \$ \_\_\_\_\_

Conference Total: \$ \_\_\_\_\_

**Please attach original, detailed receipts.**  
**Photocopies will not be accepted.**

Funds from: CPIC \$ \_\_\_\_\_ DPIC \$ \_\_\_\_\_ SELF \$ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's Signature

For more information, please do not hesitate to contact Lily Sacco at 422-3000 ext. 32618, or by email at [lsacco@lbpearson.ca](mailto:lsacco@lbpearson.ca)

**For Head Office Use**

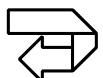
Account Number: 027-1-26201-311

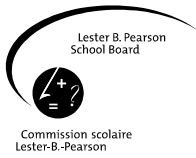
Amount approved by CPIC: \$ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
CPIC Secretary's Signature

**Please Continue  
on Next Page**





**Teachers'**  
**Central Professional Improvement Committee**  
**Request for Reimbursement for a**  
**Professional Development Activity 2022-2023**  
**Decentralized Portion (page 2 of 2)**



**N.B.:** Please fill out every line of the form, except for those marked "For Head Office Use". Incomplete forms will be returned to you, which may delay reimbursement.

**Return the completed form and all original, detailed receipts to Lily Sacco Ed. Services, CPIC Secretary.**

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School/Centre: \_\_\_\_\_

Title of Conference: \_\_\_\_\_ Date of Conference: \_\_\_\_\_

GL Code	Total Approved Decentralized Amount
<b>-5-26200-311</b> School/Centre Code	_____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local PIC Chairperson's Signature

\_\_\_\_\_  
Date

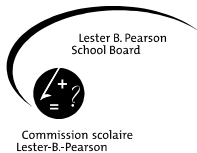
\_\_\_\_\_  
Principal/Centre Director's Signature

For more information, please do not hesitate to contact Lily Sacco at 422-3000 ext. 32618, or by email at [lsacco@lbpearson.ca](mailto:lsacco@lbpearson.ca)

***For Head Office Use***

\_\_\_\_\_  
Date

\_\_\_\_\_  
CPIC Secretary's Signature



**Teachers'**  
**Central Professional Improvement Committee**  
**Locally Funded Workshop, Conference,**  
**Professional Improvement Event**  
**or Materials Reimbursement 2022-2023**



**N.B.:** Please fill out every line of the form, except for those marked "For Head Office Use". Incomplete forms will be returned to you, which may delay reimbursement. Remember to include all **detailed, original** receipts.

**Please return the completed form and all detailed, original receipts to**  
**Lily Sacco, Ed. Services, CPIC Secretary, 1925 Brookdale, Dorval.**

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School/Centre: \_\_\_\_\_

Date of Expense: \_\_\_\_\_ Expense: \_\_\_\_\_

GL Code	Total Approved Decentralized Amount
<b>-5-26200-311</b> School/Centre Code	\$ _____

**The Total Approved Decentralized Amount (above) should be equal to the amount shown on the attached receipts and requires the approval of the Local Professional Improvement Committee.**

This form should be used by a Local PIC to reimburse teachers from the Local PIC's budget.  
Reimbursement will appear on the teacher's pay.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local PIC Chairperson's Signature

\_\_\_\_\_  
Date

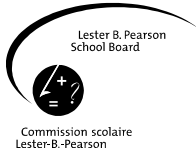
\_\_\_\_\_  
Principal/Centre Director's Signature

For more information, please do not hesitate to contact Lily Sacco at 422-3000 ext. 32618, or by email at [lsacco@lbpearson.ca](mailto:lsacco@lbpearson.ca)

**For Head Office Use**

\_\_\_\_\_  
Date

\_\_\_\_\_  
CPIC Secretary's Signature



**Teachers'**  
**Central Professional Improvement Committee**  
**NEW TEACHERS**



**Application for a Subsidy to Fund  
a Professional Development Activity 2022-2023**

**N.B.:** Please fill out every line of the form. Incomplete forms will be returned to you, which may delay or prevent approval.

Please respect dates of submission indicated below.

**Sept. 13<sup>th</sup>, Oct. 18<sup>th</sup>, Nov. 8<sup>th</sup>, Dec. 6<sup>th</sup>, Jan. 10<sup>th</sup>, Feb. 7<sup>th</sup>, March 14<sup>th</sup>, April 11<sup>th</sup>, May 9<sup>th</sup>, and June 6<sup>th</sup>**

**Please complete the form and return it to Lily Sacco, Ed. Services, CPIC Secretary**

Name: \_\_\_\_\_ School/Center: \_\_\_\_\_ Employee #: \_\_\_\_\_

Teaching assignment (Subjects / Levels):  
\_\_\_\_\_

Title of Professional Development Activity:  
\_\_\_\_\_

Location: \_\_\_\_\_ Date(s): \_\_\_\_\_

**Describe Professional Development:**

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

PD must be held within North America and must not exceed \$2500.00.

CPIC will assume up to two days of substitution.

CPIC does not cover the cost of alcoholic beverages.

Kindly take note and respect CPIC allocation for funding of meals per day.

All amounts should include taxes.

**Projected Costs in Canadian Funds**

Registration: \$ \_\_\_\_\_

Travel: \$ \_\_\_\_\_

Mode of travel: \_\_\_\_\_

Accommodation: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

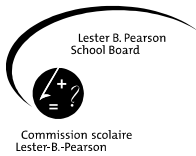
No. of Release Days \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

For more information, please feel free to contact Lily Sacco at 422-3000 ext. 32618, by email at [lsacco@lbpearson.ca](mailto:lsacco@lbpearson.ca)

\_\_\_\_\_  
Principal/Centre Director's Signature

\_\_\_\_\_  
Date



**Teachers'**  
**Central Professional Improvement Committee**

**NEW TEACHERS**

**Request for Reimbursement for a  
Professional Development Activity 2022-2023**



**Return the completed form and all original, detailed receipts to Lily Sacco, Ed. Services, CPIC Secretary.**

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School/Centre: \_\_\_\_\_

Title of Conference: \_\_\_\_\_ Date of Conference: \_\_\_\_\_

Please attach original, detailed receipts for every amount claimed. The CPIC will not reimburse any amounts claimed which do not have a matching original, detailed receipt.

The committee does not reimburse alcoholic beverages. Travel cost will be reimbursed as per the board-wide kilometer flat rate from your place of work.

Reimbursement will take place within six weeks of the receipt of properly completed forms and original receipts. It will appear on your pay statement as non-taxable income.

**Claims must be requested in Canadian funds**

Registration: \$ \_\_\_\_\_

Travel: \$ \_\_\_\_\_

Accommodation: \$ \_\_\_\_\_

Meals (no alcoholic beverages): \$ \_\_\_\_\_

Release: \$ \_\_\_\_\_

Conference Total: \$ \_\_\_\_\_

**Please attach original, detailed receipts.  
Photocopies will not be accepted.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's Signature

For more information, please do not hesitate to contact Lily Sacco at 422-3000 ext. 32618, or by email at [lsacco@lbpearson.ca](mailto:lsacco@lbpearson.ca)

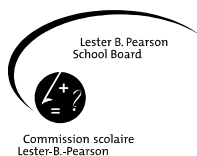
**For Head Office Use**

Account Number: 027-1-26501-311

Amount approved by CPIC: \$ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
CPIC Secretary's Signature



**Teachers'**  
**Central Professional Improvement Committee**  
**Application for funding University Credit Course(s)**  
**2022-2023**



**Deadline for submission of applications for university courses are as follows:**

**November 8<sup>th</sup> .....Fall course funding application**

**February 7<sup>th</sup> .....Winter course funding application**

**June 6<sup>th</sup> .....Summer course funding application**

**Please indicate if you are planning to take a course within the 2022-2023 school year.**

**Return the completed form to Lily Sacco, Educational Services, CPIC Secretary.**

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School/Centre: \_\_\_\_\_

Name of University: \_\_\_\_\_ On-line course(s): ☐

I have a: ☐ Brevet ☐ Teaching Certificate ☐ Temporary Teaching Certificate ☐ Provisional teaching authorisation

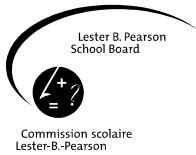
Please indicate at which level you teach: ☐ Primary ☐ Secondary ☐ Adult Ed. ☐ Voc. Ed. .

Title of Course	Semester	Course	Credits

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's Signature

For more information, please feel free to contact Lily Sacco at 422-3000 ext. 32618, by email at [lsacco@lbpearson.ca](mailto:lsacco@lbpearson.ca)



**Teachers'**  
**Central Professional Improvement Committee**  
**Reimbursement for University Credit Course(s)**  
**2022-2023**



**Return the completed form and photocopy of your transcript to Lily Sacco, Ed. Services, CPIC Secretary.**

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School/Centre: \_\_\_\_\_

Name of University: \_\_\_\_\_

I have a: ☐ Brevet ☐ Teaching Certificate ☐ Temporary Teaching Certificate ☐ Provisional teaching authorisation

Title of Course	Semester	Course #	Credits

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local PIC Chairperson's Signature

For more information, please do not hesitate to contact Lily Sacco at 422-3000 ext. 32618, or by email at [lsacco@lbpearson.ca](mailto:lsacco@lbpearson.ca)

***For Head Office Use***

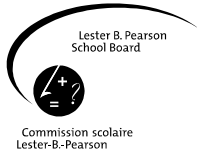
**Account Number: 027-1-26202-520**

**Amount approved by CPIC: \$ \_\_\_\_\_**

\_\_\_\_\_  
Date

\_\_\_\_\_  
CPIC Secretary's Signature





**Teachers'**  
**Central Professional Improvement Committee**  
**Application for a Network Subsidy 2022-2023**  
**Basic Information (Page 1 of 2)**



**Please complete the form and return it to Lily Sacco, Ed. Services, CPIC Secretary,**

Name of Network: \_\_\_\_\_ School/Center: \_\_\_\_\_

Contact person for the Network \_\_\_\_\_ Employee #: \_\_\_\_\_

**Names of Participants & School/Centre's Represented 2022-2023:**

Name: \_\_\_\_\_ School/Centre: \_\_\_\_\_ Employee #: \_\_\_\_\_

Name: \_\_\_\_\_ School/Centre: \_\_\_\_\_ Employee #: \_\_\_\_\_

Name: \_\_\_\_\_ School/Centre: \_\_\_\_\_ Employee #: \_\_\_\_\_

Name: \_\_\_\_\_ School/Centre: \_\_\_\_\_ Employee #: \_\_\_\_\_

Name: \_\_\_\_\_ School/Centre: \_\_\_\_\_ Employee #: \_\_\_\_\_

Name: \_\_\_\_\_ School/Centre: \_\_\_\_\_ Employee #: \_\_\_\_\_

Name: \_\_\_\_\_ School/Centre: \_\_\_\_\_ Employee #: \_\_\_\_\_

Name: \_\_\_\_\_ School/Centre: \_\_\_\_\_ Employee #: \_\_\_\_\_

Name: \_\_\_\_\_ School/Centre: \_\_\_\_\_ Employee #: \_\_\_\_\_

Attach additional page(s) if needed.

**Objective(s) of Network:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach additional page(s) if needed.

Is your group willing to share the Network's outcome with other group(s), (i.e. informal session, School/Centre staff, For Teachers By Teachers, QPAT)? ☐yes ☐no

Did your group receive a Network grant last year? ☐yes ☐no

If so, did you make a presentation based on the work done by the Network? ☐yes ☐no

If so, please describe where and how the presentation was made:

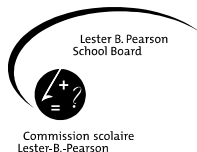
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Attach additional page(s) if needed.

**Please Continue  
on Next Page**





**Teachers'**  
**Central Professional Improvement Committee**  
**Application for a Network Subsidy 2022-2023**  
**Network Description and Rubric (Page 2 of 2)**



Describe your action plan. (How will you realize your project?): \_\_\_\_\_

Attach additional page(s) if needed.

Expected outcome(s) of the network: \_\_\_\_\_

Attach additional page(s) if needed.

Proposed Approximate Meeting Dates: \_\_\_\_\_

Attach additional page(s) if needed.

Network's relevance to the School/Centre PD Plan: \_\_\_\_\_

Attach additional page(s) if needed.

**Application Evaluation Rubric – For Reference Only**

CRITERIA	4. EXEMPLARY	3. THOROUGH	2. ACCEPTABLE	1. PARTIAL
<b>Meets Network Mandates</b>	The project is related to multiple components of the network's mandates.	The project is related to a specific component of the network's mandate.	The project is generally related to the network's mandate but not to any specific component.	The project was created without any reference to the network's mandate but could be reworked.
<b>School/Centre Success Plan/Educational Project</b>	The project is Consistent with the School/Centre Success Plan/Educational Project.	The project demonstrates evident links to the School/Centre Success Plan/Educational Project.	The project demonstrates a few links to the School/Centre Success Plan/Educational Project.	The project demonstrates very few links to the School/Centre Success Plan/Educational Project.
<b>Sustainability</b>	The project offers concrete, long-term impact which is measurable.	The project has long term impact and is measurable.	The project has some long-term impact and may be measurable.	The project has no evident long-term impact and is not measurable.
<b>Capacity Development</b>	The project will make a significant contribution to the broader knowledge base.	The project will make a significant contribution to the knowledge base.	The project will make some contribution to the knowledge base.	The project will make a minimal contribution to the knowledge base.
<b>Teacher Practice</b>	The project has a direct and specific impact on teacher practice.	The project impacts teacher practice.	The project may impact teacher practice.	The project will not impact teacher practice.

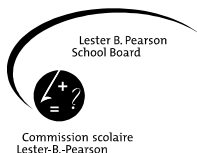
For more information, please feel free to contact Lily Sacco at 422-3000 ext. 32618, by email at [lsacco@lbpearson.ca](mailto:lsacco@lbpearson.ca)

**For Head Office Use**

Amount approved by CPIC: \$ \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ CPIC Secretary's Signature



**Teachers'**  
**Central Professional Improvement Committee**  
**Request for Reimbursement for a Network**  
**2022-2023**



**N.B.:** Only networks that have received prior authorization from the Teachers' Central Professional Improvement Committee may apply for reimbursement.

**Return the completed form and all detailed, original receipts to Lily Sacco, Ed. Services, CPIC Secretary.**

Name of Network: \_\_\_\_\_ School/Center: \_\_\_\_\_

Contact person for the Network: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Name of person to be reimbursed: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School/Centre: \_\_\_\_\_

Please attach detailed, original receipts for every amount claimed. The CPIC will not reimburse any amounts claimed which do not have a matching detailed, original receipt. The committee does not reimburse alcoholic beverages. Travel cost will be reimbursed as per the board-wide kilometer flat rate from your place of work.

Reimbursement will take place within six weeks of the receipt of properly completed forms and original receipts. It will appear on your pay statement as non-taxable income.

**Claims must be requested in Canadian funds**

Expense	Amount
_____	: \$ _____
_____	: \$ _____
_____	: \$ _____
_____	: \$ _____

Total Network Request (Max. \$4000): \$ \_\_\_\_\_

**Please attach detailed, original receipts. Photocopies will not be accepted.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Network Contact Person's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Centre Director's Signature

For more information, please do not hesitate to contact Lily Sacco at 422-3000 ext. 32618, or by email at [lsacco@lbpearson.ca](mailto:lsacco@lbpearson.ca)

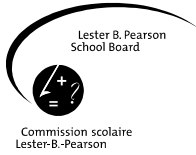
**For Head Office Use**

**Account Number 027-1-26204-311**

**Amount approved by CPIC: \$ \_\_\_\_\_**

\_\_\_\_\_  
Date

\_\_\_\_\_  
CPIC Secretary's Signature



**Teachers'**  
**Central Professional Improvement Committee**  
**"SPECIAL SCHOOL PROJECT"**



Application for a Subsidy to Fund  
a Professional Development Activity for the school 2022-2023

Special project requests must involve the majority of the teaching community.

Please send completed form to Lily Sacco, Ed. Services, CPIC Secretary

**Title of Professional Development Activity:**

**Location:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**Projected Cost(s) in Canadian Funds: (CPIC will cover 40% of cost, maximum \$5000.00)**

**Please Specify:**

Item/Activity	\$
<b>Total cost:</b>	

**Contact Person:** \_\_\_\_\_ **School/Center:** \_\_\_\_\_ **Employee#:** \_\_\_\_\_

**Describe Professional Development Activity:**

**Impact (school/grade level):**

**Objective(s) of Special Project:**

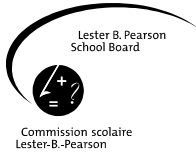
**Expected Outcome:**

**Attach additional pages if needed.**

For more information, please feel free to contact Lily Sacco at 422-3000 ext. 32618, by email at [lsacco@lbpearson.ca](mailto:lsacco@lbpearson.ca)

\_\_\_\_\_  
Principal/Centre Director 's Signature

\_\_\_\_\_  
DPIC Chair' s Signature



**Teachers'**  
**Central Professional Improvement Committee**  
**Decentralized Professional Improvement Plan**  
**2022-2023**



**Funding, Goals & Priorities (Page 1 of 2)**

**Please return the completed form to Lily Sacco, Ed. Services, CPIC Secretary.**

School/Centre: \_\_\_\_\_

Local PIC Chairperson: \_\_\_\_\_

Is your school/center accumulating funds for a special Professional Development Activity? ☐yes ☐no

If so, when will this event take place? \_\_\_\_\_

**1. Funding**

Carry-over from 2021-2022: \_\_\_\_\_ 2022-2023 Allocation: \_\_\_\_\_

**2. What are your school's/centre's Professional Improvement Goals and Priorities for 2022-2023?**

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**3. How will your school's/centre's Professional Improvement Goals and Priorities for 2022-2023 support your school's/center's success plan?**

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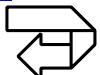
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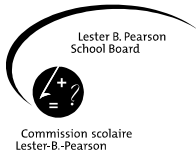
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**If you need more space, please attach additional pages to this form.**

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**Please Continue  
on Next Page**





**Teachers'**  
**Central Professional Improvement Committee**  
**Decentralized Professional Improvement Plan**  
**2022-2023**



**Distribution of Funds (Page 2 of 2)**

**4. How does your school/centre's plan to allocate or distribute their Professional Improvement funds?**

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**5. How will the school/centre's PIC ensure that spending supports the school/centre's success plan?**

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**If you need more space, please attach additional pages to this form.**

For more information, please feel free to contact Lily Sacco at 422-3000 ext. 32618, by email at [lsacco@lbpearson.ca](mailto:lsacco@lbpearson.ca)

\_\_\_\_\_  
Principal/Center Director's Signature

\_\_\_\_\_  
School/Center PIC Chairperson's Signature

\_\_\_\_\_  
Staff Council Chairperson



<b>School/Centre:</b> _____ <b>PIC Chairperson:</b> _____			
Date	Name(s) of Teacher(s)	Activity	Cost
		<b>Total</b>	

For more information, please feel free to contact Lily Sacco at 422-3000 ext. 32618, by email at [lsacco@lbpearson.ca](mailto:lsacco@lbpearson.ca)

Staff Council Chairperson