

Date: _____

CTED/District/College Name/Professional Organization: _____

Professional Development Activity Title: _____

Name of Evaluator: _____

**SCORING RUBRIC for ADE/CTE Sponsored or Approved
Professional Development for CTE Certification Application**

1. To what degree does the professional development activity support the continuing education requirements for CTE certification in one (or more) of the following areas [**checked boxes on application (question 1) and detailed explanation (question 2)**]: principles/philosophy of CTE, operation of a CTSO, methods of teaching, curriculum design/development, instructional technology, educational philosophy, instructional design/methodology, assessment/evaluation or classroom management?

Application DOES NOT address how the PD Activity meets the education requirements for CTE certification in one or more areas	Application MINIMALLY describes how the PD Activity meets the education requirements for CTE certification in one or more areas	Application GENERALLY describes how the PD Activity meets the education requirements for CTE certification in one or more areas	Application VERY CLEARLY describes how the PD Activity meets the continuing education requirements for CTE certification in one or more areas	
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SCORE

2. To what degree does the **syllabus and/or course outline detail** that the professional development activity has the rigor included to support the principles of quality instruction to be equivalent to college coursework?

PD Activity DOES NOT meet the rigor of college course work	PD Activity MINIMALLY meets the rigor of college course work	PD Activity GENERALLY meets the rigor of college course work	PD Activity VERY CLEARLY meets the rigor of college course work	
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SCORE

ADE/CTE SUBMISSION DATE:
ENTITY & PD ACITIVY TITLE:

3. To what degree are the **expected outcomes/objectives** of this professional development activity meeting continuing education requirements for CTE certification described?

NO DETAILS of expected outcomes/objectives (knowledge and skills) participants will have as a result of this session	MINIMAL DESCRIPTION of expected outcomes/objectives (knowledge and skills) participants will have as a result of this session	GENERAL DESCRIPTION of expected outcomes/objectives (knowledge and skills) participants will have as a result of this session	VERY CLEAR DESCRIPTION of expected outcomes/objectives (knowledge and skills) participants will have as a result of this session	
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SCORE

4. To what degree does the **evaluation tool support and measure** the outcomes/objectives of this professional development activity to become eligible for CTE Certification?

Application DOES NOT address how the PD Activity meets the education requirements for CTE certification in one or more areas	Application MINIMALLY describes how the PD Activity meets the education requirements for CTE certification in one or more areas	Application GENERALLY describes how the PD Activity meets the education requirements for CTE certification in one or more areas	Application VERY CLEARLY describes how the PD Activity meets the continuing education requirements for CTE certification in one or more areas	
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SCORE

Total Score

How many clock hours does this professional development activity require for completion? _____

To be completed by ADE/CTE Certification Evaluation Committee:

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- This professional development activity meets the continued education requirements for CTE certification obtained through verified ADE sponsored staff/professional development activities provided by the local education agency.
- This professional development activity does not meet the continued education requirement for CTE certification.

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 ENTITY & PD ACITIVY TITLE: