**New Mexico Public Education Department Professional Learning Provider Application**

Directions: Download this application as a Word document. Complete Sections 1-5 below. Section 1 applies to the Professional Learning (PL) provider. Sections 2, 3, 4, & 5 apply to **each PL program** being submitted. Please list each program you are submitting for consideration in Section 2. The tables in Sections 3, 4 and 5 should be copied and completed for each title listed in Section 2. Applicants seeking to submit more than five programs must request permission for an application variance by November 3, 2023 by emailing your request to [IMB.contact@state.nm.us](mailto:IMB.contact@state.nm.us). Email this completed application (Word document) to [IMB.contact@state.nm.us](mailto:IMB.contact@state.nm.us) by November 22, 2023.

**Section 1: Provider Information**

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| --- | --- |
| 1a. Provider Name |  |
| 1b. Provider Designated Contact (First and Last name and title) |  |
| 1c. Provider Designated Contact Email |  |
| 1d. Provider Designated Contact Phone Number |  |
| 1e. Years of Experience Providing Professional Learning (be specific: ie. aligned to instructional materials, EL strategies, etc.) |  |
| 1f. Link to Provider Website |  |
| 1g. Number of PL programs being submitted. |  |
| 1h. Link to Provider Overview (goals, principles, research foundations in Adult Learning Theory or other) |  |

**Section 2: High Level Program Overview**

Please list each PL program you are submitting for consideration in the first column. Complete each column based on program offering. Each program should be listed separately in Section 2. See Key below and “*Appendix A: Types of Professional Learning Offerings*” from the RFA for guidance on what should be included.

2a. **PL** **Program Name:** See “Program” definition in RFA

2b. **Audience(s)**: Who is the intended audience of your PL program? Teachers, instructional coaches, administration, others? Please indicate *Teachers/Instructional Coaches/Admin(district and/or school)/Other*

2c. **Group Size:** What is the ideal group size the PL program serves? *Please indicate Number of Ideal Participants - this can be a range.*

2d. **Frequency**: For your PL program, list the variation/options of, “How often is the Professional Learning session offered?” Please indicate *once, monthly, multi-year, other*.

2e. **Type:** What is the major purpose(s) of the PL for each program? Please indicate all types of PL offered by listing if the PL is for *adoption, launching implementation, ongoing support for teachers, system design/leadership support*.

2f. **Format**: How is the PL program delivered? Please indicate *virtual, in-person or combination*.

2g. **Cost**: What is the pricing structure of the PL program? Please indicate a *numerical value followed by “per participant” or “per session*.”

2h. **NM Alignment**: Does the PL program align to [NM State Standards](https://webnew.ped.state.nm.us/bureaus/instructional-materials/new-mexico-content-standards/)? Please indicate *yes or no*.

2i. **NM Experience**: Have you conducted this PL program in NM previously or in a region with similar demographics? Please indicate *NM/Similar region/None.*  If NM, please provide *when and where*.

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| **2a. PL Program Name** | **2b. Audience(s)** | **2c. Group Size** | **2d. Frequency** | **2e. Type** | **2f. Format** | **2g. Cost** | **2h. NM Alignment** | **2i. NM Experience (NM/Similar Region/None)** |
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**Section 3: PL Program Information Detail**

Please respond to the prompts in Section 3. Include as much detail as necessary to address all questions in each subsection. The cells will expand as you add information.

For each of the PL programs listed in column 2a above, please complete Section 3.  **You will need to copy and paste the table for as many PL programs as are listed in 2a.** See “*Appendix B: Types of Evidence and Measurement Tools*” and “*Appendix C: Five Levels of Professional Development Evaluation*” from the RFA for guidance on what should be included.

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| --- | --- |
| 3a. PL Program Name (As indicated in 2a) |  |
| 3b. PL Program Alignment to Instructional Materials   1. What is the title of the instructional materials from the [New Mexico Adopted Multiple List](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwebnew.ped.state.nm.us%2Fwp-content%2Fuploads%2F2023%2F09%2FMultiple-List_Rvsd_9.19.23.xlsx&wdOrigin=BROWSELINK) that this PL program supports? 2. What is the content area of the instructional material? 3. Are the instructional materials adopted as core or supplementary? 4. If adopted as core instructional materials, are they recommended or recommended with reservations? |  |
| 3c. Purpose of the PL Program:   1. Orient to instructional materials? 2. Support teacher practice in implementing instructional materials? 3. Support long term school level or ecosystem change (distance learning) as related to implementation or continuous use of instructional materials? 4. Other support for instructional materials? Please describe. |  |
| 3d. How does your PL program adapt to support the local cultural and linguistic needs of students and professional staff? Please describe. |  |
| 3e. How does this PL program offer support for differentiation strategies?   * English language learners * Students with disabilities (be specific) * Students not performing on grade level/far above grade level * Other differentiation? |  |
| 3f. How does the PL program achieve the intended purpose and measure impact?   * What are the intended outcomes of your PL program? * What are the outcomes of your most recent PL program offering? If this PL program has a random control study or independent review, please describe the high-level results here. * What are the conditions for success? * How do you measure this PL program's impact? \**See Appendix A for evidence accepted.* |  |
| 3g. Is there continuous improvement of the PL program?   * How do you continuously monitor the progress of this program? * How do you allow for participant feedback? |  |

**Section 4: PL Program Supporting Materials**

Please indicate what documents you will upload/attach to this application. At least one of the items listed in 4a-4d is required and will be public facing on the published [**HQPL Marketplace List**](https://webnew.ped.state.nm.us/wp-content/uploads/2023/05/HQIM-PL-Marketplace-List.pdf). Please provide links to documents (not websites where documents are located) that can be accessed by districts if you should be included on the HQPL Marketplace List. Any supporting materials containing solicitations will not be included on the HQPL Marketplace List. A response to 4e is required and can be added as an attachment, a link to these documents or in the space provided. Responses to 4f and 4g are optional, however they will be considered as part of the review process if they are included.

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| 4a. PL Program Overview - A document that provides an overview of the specific PL program in support of the listed HQIM. This should not be a catalog of offerings for every program offered by the provider. |  |
| 4b. PL Program One Pager - A one page document describing the PL option and the outcomes a district or charter school can expect by attending this PL. |  |
| 4c. PL Program Graphic Descriptor - A pdf document or interactive electronic graphic resource that describes the PL session (attendees, expectations, outcomes, additional options that follow the stated option.) |  |
| 4d. PL Program Video - a brief informational video highlighting the expectations and outcomes of the PL program. |  |
| 4e. Resumes/Curricula Vitae of PD Providers |  |
| 4f. Sample Materials, like:   * Training decks * Past webinars * Training Objectives * Agendas * Rubrics * Other |  |
| 4g. Random control study/independent review |  |

**Section 5: References**

Please provide 3 past partners who can speak to your PL program. For each of the PL programs listed in column 2a above, please complete Section 5. You will need to copy and paste the table for as many PL programs as are listed in 2a.

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| --- | --- | --- | --- |
| **PL Program** Name (As indicated in 2a) | **Partner/District Name** | **Point of Contact Name** | **Point of Contact Email/Phone** |
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