

**PROFESSIONAL DEVELOPMENT SAMPLE AGREEMENT
BETWEEN PARTICIPANT AND FACILITATOR**

Name: _____ Email: _____

Check the box for the Professional Development opportunity that your staff will be participating in:

- | | |
|---|---|
| <input type="checkbox"/> Teaching and Learning Online | <input type="checkbox"/> Phone Conference |
| <input type="checkbox"/> Distance Learning 102 | <input type="checkbox"/> Video Conference |
| <input type="checkbox"/> Email Training | <input type="checkbox"/> Implementation Partnership |

Participant

I will:

- Check my email daily
- Read the training objectives and instructions when they are received.
- Participate in the training as an active member
- Complete all training assignments
- Communicate with the training facilitator via email or phone when needed.
- Read all feedback comments from facilitator

Facilitator

I will:

- Check my email daily
- Provide clear instructions prior to the start of the training
- Answer any questions or participant concerns
- Respond to inquiries within 24 hours unless otherwise noted.
- Provide opportunities for participants to be active learners.
- Provide participants with my availability schedule and contact information
- Contact participants by e-mail or by telephone, if necessary, at least once a week
- Review and provide feedback for each participant's work submission

Participant Signature: _____ Date: _____

Facilitator Signature: _____ Date: _____
