

**Wayland Public Schools  
Wayland, Massachusetts**

**Professional Development Salary Increment Credit Application:  
Structured Course, Workshop, or Program**

This form is to request salary increment credit for courses, intensive workshops, or professional development programs in which either A) there is no option to receive graduate credit through an accredited college or university, or B) graduate credits are available, but the participant would prefer salary increment credits in lieu of paying for graduate credits.

In order to qualify for salary increment credits, a course, intensive workshop, or professional development program must meet the following criteria:

- Be offered through a recognized and reputable institution
- Include a minimum of 15 contact hours of instruction and follow-up components beyond instructional hours
- Follow a coherent, focused, and rigorous course of study
- Connect to current and relevant educational practices
- Lead to the development of substantive participant products

<b>Name:</b>	<b>Date:</b>
<b>School:</b>	<b>Position:</b>

<b>Course/Workshop/Program Name:</b>
<b>Institution Offering Course/Workshop/Program:</b>

Please attach a course/workshop/program syllabus to confirm that it meets the criteria for approval. The syllabus should include as much information listed on the attached Syllabus Checklist as possible.

Wayland Salary Increment Credit Requested:

- One (1) salary increment credit (15-29 contact hours of instruction and follow-up component beyond instructional hours)
- Two (2) salary increment credits (30-44 contact hours of instruction and follow-up component beyond instructional hours)
- Three (3) salary increment credits (45+ contact hours of instruction and follow-up component beyond instructional hours)

Approved                       Not Approved

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
Date:

Upon completion of the course, please submit a certificate of completion, a copy of this approved form, and samples of completed assignments. If a certificate of completion is not provided, the instructor should complete the following verification of completion:

I, \_\_\_\_\_, hereby certify that \_\_\_\_\_ has satisfactorily completed all course requirements for the above-named course, which included a total of \_\_\_\_\_ instructional contact hours.

\_\_\_\_\_  
Signature of Instructor/Facilitator

\_\_\_\_\_  
Date:

### **Syllabus Checklist**

1. Course Information
  - a. Course title
  - b. Number of credits requested
  - c. Meeting dates and times
  - d. Instructor information (name and contact information)
2. Course Description
3. Course Objectives/Outcomes
4. Course Expectations
  - a. Policy for submitting assignments
  - b. Policy regarding attendance
5. Course Content/Outline
  - a. Chronological listing of the topics to be covered
  - b. Required reading assignments
  - c. Homework assignments
  - d. Deadlines for projects/assignments
6. Course Texts and Materials
7. Course Requirements
  - a. Description of projects/assignments
  - b. Information for project/assignment assessment
8. Assessment Criteria (Note: Attendance should not be included as part of grade)