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# LEARNERS EDGE

Founded by teachers.  
Dedicated to learning.®

## **SouthWest Metro District 288 Professional Development Week – August 13-16, 2018** **Earn university credit by extending your PD Week experience!**

*In partnership with Augustana University, Learners Edge is pleased to offer the following graduate semester credit options:  
(Below is an outline of requirements: once registered, a course syllabus with detailed directions is available at the Learners Edge table at  
SouthWest Metro Professional Development Week)*

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### For 1 Credit: #943 Overview

- Attend 4 workshops
- Write reflective responses
- Complete 1 lesson plan

### For 2 Credits: #944 Overview

- Attend 6 workshops
- Write reflective responses
- Complete 2 lesson plans

### For 3 Credits: #945 (Access to Students Required)

- Attend 8 workshops
- Complete 2 lesson plans
- Complete Session Comparison Form
- Complete the Further Investigation Requirement
- Complete Implement and Evaluation of Lesson Plan (must have access to students)
- Evaluation of Lesson Plans

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### *Three ways to register for credit:*

*Complete the form on the back of this page and submit form with payment to the Learners Edge representative at Professional Development Week, fax it to 952-469-2790, or mail it to Learners Edge, 10523 165<sup>th</sup> Street West, Lakeville, MN 55044.*

### *Please visit us at:*

*[www.LearnersEdge.com](http://www.LearnersEdge.com).*

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SouthWest Metro District 288 Professional Development Week Registration:

- Complete this form in its entirety
- Mail/fax form and payment to Learners Edge 10523 165<sup>th</sup> Street West, Lakeville MN 55044

Last Name _____ First Name _____ Middle Name _____		
Address _____ City _____ State _____ Zip _____ Phone _____		
E-mail Address _____ State of Licensure _____ Renewal Date (MM/DD/YYYY) ___/___/___		
Name of District _____ Name of School _____ City of School _____		
School State _____ Gender F / M (Please Circle One) Date of Birth (MM/DD/YYYY) ___/___/___ Country of Citizenship _____		
Previous Customer Yes / No (Please Circle One)		
Previous Name or Address (including maiden name if applicable): _____	Teaching Info <input type="checkbox"/> PreK <input type="checkbox"/> 6-8 <input type="checkbox"/> Admin <input type="checkbox"/> K-5 <input type="checkbox"/> 9-12 <input type="checkbox"/> Other _____	
Do you have a Master's Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Bachelor's Degree? <input type="checkbox"/> BA <input type="checkbox"/> BS Required for CE Graduate Credit		
Undergraduate Institution _____ Undergraduate Year _____		

Registration for credit will be accepted up to 30 days after the day of the conference			
<b>Please select course/credits:</b>	<b>Course 943 (1 Credit) = \$150</b>	<b>Course 944 (2 Credits) = \$250</b>	<b>Course 945 (3 Credits) = \$350</b>
VISA/MC/DISCOVER: _____ Exp ___/___/___ CVC Code (3 digit code on back of card) _____			
Name on card: _____			
Billing Address: (if different from above address) _____			
Signature: _____ Paid with *check # _____			
*When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic funds transfer from your account to process the payment as a check transaction.			
____ I am registering for Fall Session and my completed course work is due by November 15, 2018.			
<b>Graduate credit earned through Augustana University</b> <b>Need more information? Contact us at 952-469-3454 or <a href="mailto:registration@learnersedgeinc.com">registration@learnersedgeinc.com</a></b>			
*Continuing education graduate credit is intended to fulfill requirements for license renewal and for lane change when the student has obtained prior approval from his/her district office.			