



COMMISSION SCOLAIRE  
**Eastern Townships**  
SCHOOL BOARD

Moving ahead. Together. | Aller de l'avant. Ensemble.

**PROFESSIONAL**

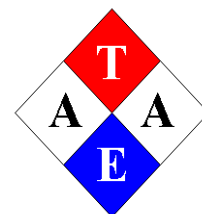
**IMPROVEMENT**

**TEACHERS**

**2017 - 2018**

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**Eastern Townships School Board  
and  
Appalachian Teachers Association**



**PROFESSIONAL IMPROVEMENT FUND - TEACHERS**  
**(PIC) ETSB - ATA**

**ETSB MEMBERS**

REGULAR		ALTERNATES
Administrators	J. Pauw G. Kelso E. Gaudet A. Christodoulopoulos	R. Gore M. Vigneux

**ATA MEMBERS**

REGULAR	ALTERNATES
M. Seline M. Maclean L. Flynn M. Roberts	M-M. Fradet P. Maingot

**MEETINGS**

The mandate of the committee is from June 1<sup>st</sup> - May 31<sup>st</sup> each year. Meetings will be held at the call of the chair.

COMMITTEE APPOINTMENTS 2017 - 2018

Chairperson: Megan Seline  
 Recording Secretary and  
 Financial Secretary: Jeffrey Pauw

BUDGETARY GUIDELINES - GENERAL PRINCIPLES

- a) Teachers at the level of the school should be directly involved in setting their priorities and allocating funds for their professional improvement.
- b) System wide projects should continue to be approved at the school board level.
- c) Where applicable the annual distribution of funds to the school level will be on a pro-rata basis with an option to accumulate.
- d) School level projects and system wide projects must be accompanied by an outline of the priorities and objectives of the professional improvement activities being undertaken.

## **BUDGET**

Principals shall be informed of the projected School PIC Budget by the beginning of the school year and will inform the School PIC Committee as soon as it has been convened. This amount shall also be posted in the school.

During the 2017 - 2018 school year the PIC Fund will be as follows: of the \$240.00 allocation for each full time equivalent post, \$40.00 will be earmarked for training in the area of special education. The remaining \$200.00 shall be distributed as follows: 20% to System Projects to be administered by the Central PIC Committee; 20% divided equally between twenty-three (23) schools; and 60% to schools pro-rata according to the number of teachers. The two (2) Vocational Education Centres and two (2) Adult Education Centres receive 100% of their allocation within their closed budgets.

### **CENTRAL PROFESSIONAL IMPROVEMENT COMMITTEE CENTRIZED TEACHER PIC FUND**

Professional Development can consist of locally organized system projects for groups of teachers or requests from individuals / teams who would require additional financial resources. Funds are available for full-time teachers and part-time teachers.

Applications for funding of professional development system projects may come from a teacher, a group of teachers, consultants, or from an administrator or administrators. Applications, on the appropriate form (Annex 1 or 2), must clearly indicate the nature of the activity, its goals and objectives and projected costs. ***Substitution costs will not be covered for participants. These may come from school level PIC budgets if approved locally. However, release time for presenting and organizing may be funded.*** The PIC Committee should receive the application **BEFORE DECEMBER 9, 2017** to the attention of Jeff Pauw. Events to occur before this date must be submitted at least two weeks in advance. A final organizer's evaluation report (Annex 3) including copies of individual evaluation forms (Annex 5), must be submitted along with a financial statement, within 30 days of the event. New applications will not be considered from organizers who have not submitted reports from the previous year. **Organizers must ensure that all schools and centres are notified of system events. (See Annex 6)**

Requests from individuals / teams who would require additional financial resources should complete Annex 1 and Annex 4.

### **LOCAL PROFESSIONAL IMPROVEMENT COMMITTEE DECENTRALIZED – TEACHER PIC FUND**

At the first staff meeting of the year, a Professional Improvement Committee shall be established in each school and centre made up of at least three teachers and the Principal or Centre Director, with the exception of: Alexander Galt Regional, Massey-Vanier and Richmond Regional High Schools who shall establish a PIC comprised of the Principal or his designate and at least one teacher chosen by the teachers in each department. The Principal or Centre Director shall be a non-voting member of the committee. **[The Chairperson of the School PIC must forward their name to Jeffrey Pauw at the Board Office. No payments will be made until the name of the Chairperson has been submitted].**

Applications for funding may come from individual teachers or departments; however, they will go through the Professional Improvement Committee at the school level. Teachers are encouraged to plan the use of the budget in order to meet the goals and objectives outlined in their school mission. Teachers may be asked to share information received according to procedures established by the local School PIC Committee. Annually, the local PIC will review its mandate and the needs of the milieu in determining the use of school PIC funds.

### **GENERAL GUIDELINES**

The committee will establish its own rules of internal procedure. Suggestions for consideration:

- **MANDATE** (Facilitate the professional improvement of teachers)
- **GENERAL PRINCIPLES** (The PIC will set priorities and allocate funds for professional improvement based on the requests of individual teachers. Funds are available for full-time teachers and part-time teachers)
- **REQUEST PROCEDURE**
- **EXPENSES**
- **ACCOUNTABILITY**
- **REIMBURSEMENT PROCEDURE**

## **REIMBURSEMENT OF EXPENSES**

TO CLAIM A REIMBURSEMENT FOR PIC EXPENSES, TEACHERS SHOULD:

RECEIVE PRIOR APPROVAL TO ATTEND AN EVENT, COURSE, ETC., FROM THE SCHOOL/CENTRE PIC COMMITTEE.

SUBMIT A CLAIM ON THE SCHOOL BOARD EXPENSE FORM FOUND ON THE INTRANET ON THE ETSB EDU-PORTAL

RECEIPTS MUST BE ATTACHED AND THE SCHOOL/CENTRE PIC CODE MUST BE INDICATED (See Annex 7)

<https://portal.edu.etsb.qc.ca/traveling-fees-system/>

## ANNEX 1

### CENTRALIZED TEACHER PIC FUND WORKSHOP APPLICATION FOR FUNDING

**NAME** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**DESCRIPTION OF WORKSHOP (include relevant information or literature)**

\_\_\_\_\_

**DATE(S)** \_\_\_\_\_

**LOCATION** \_\_\_\_\_

**OBJECTIVES** \_\_\_\_\_

#### **PROPOSED BUDGET**

Registration \_\_\_\_\_

Travel \_\_\_\_\_

Accommodation \_\_\_\_\_

Meals \_\_\_\_\_

Parking \_\_\_\_\_

Substitution \_\_\_\_\_

**MINUS** funds requested and received from local PIC \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**Maximum Reimbursement for Meals (alcoholic beverages will not be reimbursed):**

**Breakfast**      \$15.00

**Lunch**          \$20.00

**Dinner**         \$30.00

Individuals must provide an itemized receipt for all meals

**Mileage:**

**Single**          \$0.43

**Carpool**        \$0.48

**SEND TO**

[pauwj@etsb.qc.ca](mailto:pauwj@etsb.qc.ca)

AND

[ataunion@hotmail.com](mailto:ataunion@hotmail.com)

**CENTRALIZED TEACHER PIC FUND**

**APPLICATION FOR FUNDING - SYSTEM PROJECTS**

1. NAME OF PROJECT: \_\_\_\_\_
2. DESCRIPTION OF PROJECT (please include any information or literature relevant to the project): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. OBJECTIVES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. ORGANIZED BY: \_\_\_\_\_
5. PROPOSED DATE(S): \_\_\_\_\_
6. PARTICIPANTS WILL COME FROM WHAT SCHOOLS/LEVELS/SUBJECT AREAS? \_\_\_\_\_
7. MAXIMUM NUMBER OF PARTICIPANTS: \_\_\_\_\_
8. **PROPOSED BUDGET**  
Travel/Accommodation (Resource Person) \_\_\_\_\_  
Project Development Costs \_\_\_\_\_  
(example: supply costs for organizer, etc)  
Honoraria - name: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Materials \_\_\_\_\_  
Health Break (max \$4 per person/day) \_\_\_\_\_  
Other: \_\_\_\_\_  
TOTAL: \_\_\_\_\_
9. SIGNED: \_\_\_\_\_

RETURN TO:

**MEGAN SELINE 819-843-2630**

**AND**

**JEFFREY PAUW (819) 868 – 3100 EXT 55045**

[ataunion@hotmail.com](mailto:ataunion@hotmail.com)

[pauwj@etsb.qc.ca](mailto:pauwj@etsb.qc.ca)

**ORGANIZER'S EVALUATION REPORT**

**N.B.: TO BE SUBMITTED WITHIN THIRTY (30) DAYS OF THE EVENT**

NAME OF PROJECT: \_\_\_\_\_

ORGANIZER: \_\_\_\_\_

DATE(S): \_\_\_\_\_

LOCATION: \_\_\_\_\_

NO. PARTICIPANTS: \_\_\_\_\_ PLEASE ATTACH A LIST OF PARTICIPANTS

EVALUATION (GENERAL COMMENTS):

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**ATTACH COPIES OF EVALUATION FORMS (ANNEX 5)**

**WORKSHOP EVALUATION**

**Name:** \_\_\_\_\_

**Workshop:** \_\_\_\_\_

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

**GENERAL COMMENTS**

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**EXPERTISE ACQUIRED**

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**Are you willing to share the expertise you gained from this workshop?**

**Yes                      No**

**Mode for sharing:**

- Document
- PowerPoint Presentation
- CD
- Presentation in person
- Other: \_\_\_\_\_

**SEND TO JEFF PAUW WITHIN 30 DAYS OF WORKSHOP COMPLETION.**



WORKSHOP: \_\_\_\_\_

DATE: \_\_\_\_\_

PRESENTER: \_\_\_\_\_

**Circle the number that corresponds most closely to your evaluation:**

- |                   |                    |     |                |
|-------------------|--------------------|-----|----------------|
| 1. Disagree       | 3. Agree generally | N/A | not applicable |
| 2. Agree somewhat | 4. Agree totally   |     |                |

**Objectives, content and methodology**

- |                                                                              |   |   |   |   |     |
|------------------------------------------------------------------------------|---|---|---|---|-----|
| a) the objectives of the workshop were clear and precise                     | 1 | 2 | 3 | 4 | N/A |
| b) the content responded directly to my needs                                | 1 | 2 | 3 | 4 | N/A |
| c) there was a good balance of theory and practice                           | 1 | 2 | 3 | 4 | N/A |
| d) the time allotted was sufficient                                          | 1 | 2 | 3 | 4 | N/A |
| e) the objectives of the workshop were attained                              | 1 | 2 | 3 | 4 | N/A |
| f) the handouts were useful                                                  | 1 | 2 | 3 | 4 | N/A |
| g) the teaching methods and techniques used facilitated the learning process | 1 | 2 | 3 | 4 | N/A |

**The presenter**

- |                                                             |   |   |   |   |     |
|-------------------------------------------------------------|---|---|---|---|-----|
| a) was familiar with the workshop content                   | 1 | 2 | 3 | 4 | N/A |
| b) presented the content well                               | 1 | 2 | 3 | 4 | N/A |
| c) respected individual learning styles                     | 1 | 2 | 3 | 4 | N/A |
| d) discussed the workshop content with the group            | 1 | 2 | 3 | 4 | N/A |
| e) checked to make sure participants understood the content | 1 | 2 | 3 | 4 | N/A |

**Organization**

- |                                                                    |   |   |   |   |     |
|--------------------------------------------------------------------|---|---|---|---|-----|
| a) the room was adequate                                           | 1 | 2 | 3 | 4 | N/A |
| b) equipment was adequate                                          | 1 | 2 | 3 | 4 | N/A |
| c) the schedule of the workshop was appropriate                    | 1 | 2 | 3 | 4 | N/A |
| d) the organization of the workshop (breaks, time) was appropriate | 1 | 2 | 3 | 4 | N/A |

**COMMENTS:**

Recommendations for other workshops on this subject or other topics:

NAME: (Optional) \_\_\_\_\_

## GRILLE D'ÉVALUATION D'UNE ACTIVITÉ DE FORMATION

TITRE DE L'ACTIVITÉ DE FORMATION \_\_\_\_\_ DATE: \_\_\_\_\_

NOM DE LA PERSONNE-RESSOURCE: \_\_\_\_\_

**Encercler le chiffre de l'énoncé qui correspond le mieux à votre opinion selon l'échelle d'évaluation suivante:**

- |    |                            |    |                      |     |            |
|----|----------------------------|----|----------------------|-----|------------|
| 1. | Pas d'accord avec l'énoncé | 3. | Plutôt d'accord      | S/O | Sans objet |
| 2. | Moyennement d'accord       | 4. | Tout à fait d'accord |     |            |

### Objectifs, contenu et méthodologie

- |                                                                               |   |   |   |   |     |
|-------------------------------------------------------------------------------|---|---|---|---|-----|
| a) les objectifs de l'activité de formation étaient clairs et précis          | 1 | 2 | 3 | 4 | S/O |
| b) le contenu répondait bien à mes besoins                                    | 1 | 2 | 3 | 4 | S/O |
| c) il y avait un bon équilibre entre la théorie et la pratique                | 1 | 2 | 3 | 4 | S/O |
| d) le nombre d'heures de formation était suffisant                            | 1 | 2 | 3 | 4 | S/O |
| e) les objectifs ont été atteints                                             | 1 | 2 | 3 | 4 | S/O |
| f) la documentation fournie était utile                                       | 1 | 2 | 3 | 4 | S/O |
| g) la méthodologie et les techniques utilisées facilitaient mon apprentissage | 1 | 2 | 3 | 4 | S/O |

### Personne-ressource (formateur / formatrice)

- |                                                                   |   |   |   |   |     |
|-------------------------------------------------------------------|---|---|---|---|-----|
| a) était familier(ère) avec le contenu                            | 1 | 2 | 3 | 4 | S/O |
| b) a bien présenté le contenu                                     | 1 | 2 | 3 | 4 | S/O |
| c) respectait le rythme d'apprentissage de chacun                 | 1 | 2 | 3 | 4 | S/O |
| d) a échangé avec le groupe sur le plan de cours                  | 1 | 2 | 3 | 4 | S/O |
| e) s'est informé(e) auprès des participants de leur compréhension | 1 | 2 | 3 | 4 | S/O |

### Encadrement

- |                                                                                                                                                    |   |   |   |   |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|-----|
| a) le local et l'aménagement étaient adéquats                                                                                                      | 1 | 2 | 3 | 4 | S/O |
| b) les équipements étaient adéquats et en quantité suffisante                                                                                      | 1 | 2 | 3 | 4 | S/O |
| c) l'horaire de la session était approprié                                                                                                         | 1 | 2 | 3 | 4 | S/O |
| d) l'organisation des cours (pause, déplacements, déroulement) convenait au type d'activité de formation et à l'horaire personnel des travailleurs | 1 | 2 | 3 | 4 | S/O |

### COMMENTAIRES

Recommandations pour les activités de formation additionnelles ou actions de renforcement que l'employeur devrait mettre sur pied pour améliorer la formation déjà reçue:

**NOM: (Facultatif)**

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## Elementary Schools

### **Asbestos-Danville-Shipton (ADS) Elementary School**

745, route 226  
Danville QC J0A 1A0  
**Principal: James Lemaitre**  
**Tel.: (819) 839-2352**  
**Fax: (819) 839-2352**

### **Drummondville Elementary School**

1050, rue Chabanel  
Drummondville QC J2B 2J5  
**Principal: Dany Grenon**  
**Tel.: (819) 474-8563**  
**Fax: (819) 474-8563**

### **Ayer's Cliff Elementary School**

952, rue Sanborn, C.P. 330  
Ayer's Cliff QC J0B 1C0  
**Principal: Catherine Zahra**  
**Tel.: (819) 838-4983**  
**Fax: (819) 838-1385**

### **Farnham Elementary School**

425, rue St-Joseph  
Farnham QC J2N 1P4  
**Principal: Chris Morgan**  
**Tel.: (450) 293-6087**  
**Fax : (450) 293-2952**

### **Butler Elementary School**

19, rue Rix, C.P. 600  
Bedford QC J0J 1A0  
**Principal: Chris Morgan**  
**Tel.: (450) 248-2090**  
**Fax: (450) 248-7065**

### **Heroes' Memorial School**

317, rue du Sud  
Cowansville QC J2K 2X6  
**Principal: Anne Stairs**  
**Tel.: (450) 263-1612**  
**Fax: (450) 263-2999**

### **Cookshire Elementary School**

95, rue Principale Ouest  
Cookshire QC J0B 1M0  
**Principal: Tina Jacklin**  
**Tel.: (819) 875-3785**  
**Fax: (819) 875-3785**

### **Knowlton Academy**

81, rue Victoria, C.P. 180  
Knowlton QC J0E 1V0  
**Principal: Renalee Gore**  
**Tel.: (450) 243-6187**  
**Fax: (450) 243-4279**

## Elementary Schools

### **Lennoxville Elementary School**

*1, rue Academy*  
Sherbrooke QC J1M 2A6  
**Principal: Dawn Irving**  
**Tel.: (819) 569-5103**  
**Fax: (819) 569-5104**

### **Pope Memorial Elem. School**

*523, rue Stokes*  
Bury QC J0B 1J0  
**Principal: Norma Humphrey**  
**Tel.: (819) 872-3771**  
**Fax: (819) 872-3771**

### **Mansonville Elementary School**

*5, rue Marion Atwell, C.P. 59*  
Mansonville QC J0E 1X0  
**Principal: David Scott**  
**Tel.: (450) 292-5622**  
**Fax: (450) 292-0174**

### **Princess Elizabeth Elem. School**

*420, rue Bellevue Ouest*  
Magog QC J1X 3H2  
**Principal: Marie-Pier Cabana**  
**Tel.: (819) 843-4847**  
**Fax: (819) 868-1580**

### **North Hatley Elementary School**

*110, rue School*  
North Hatley QC J0B 2C0  
**Principal: Catherine Zahra**  
**Tel.: (819) 842-2491**  
**Fax: (819) 842-2937**

### **Sawyerville Elementary School**

*51, rue Cookshire*  
Sawyerville QC J0B 3A0  
**Principal: Norma Humphrey**  
**Tel.: (819) 889-2263**  
**Fax: (819) 889-2263**

### **Parkview Elementary School**

*50, rue Lorne*  
Granby QC J2G 4W2  
**Principal: Nicole Carriere**  
**Tel.: (450) 372-6058**  
**Fax: (450) 372-5408**

### **Sherbrooke Elementary School**

*242, rue Ontario*  
Sherbrooke QC J1J 3R1  
**Principal: Anastasia Christodoulopoulos**  
**Tel.: (819) 562-3515**  
**Fax: (819) 563-3234**

### **St. Francis Elementary School**

*355, rue Collège Sud*  
Richmond QC J0B 2H0  
**Principal: Louise Retchless**  
**Tel.: (819) 826-3737**  
**Fax: (819) 826-3738**

### **Sunnyside Elementary School**

*441 rue Dufferin*  
Stanstead QC J0B 3E2  
**Principal: Steve Weary**  
**Tel.: (819) 876-2469**  
**Fax: (819) 876-5480**

## **Elementary Schools**

### **Sutton Elementary School**

*19, rue Highland*

Sutton QC J0E 2K0

**Principal: Frederic Noirfalise**

**Tel.: (450) 538-2318**

**Fax: (450) 538-4286**

### **Waterloo Elementary School**

*5, rue Clark Hill, C.P. 520*

Waterloo QC J0E 2N0

**Principal: Catherine Canzani**

**Tel.: (450) 539-0162**

**Fax: (450) 539-0098**

## **High Schools**

### **Alexander Galt Regional High School**

*1700 College*

Sherbrooke, QC J1M 0C8

**Principal: Peggy McCourt**

**Tel.: (819) 563-0770**

**Fax: (819) 563-5304**

### **Massey-Vanier High School**

*224, rue Mercier*

Cowansville QC J2K 5C3

**Principal: Julie Edwards**

**Tel.: (450) 263-3772**

**Fax: (450) 263-7613**

### **Richmond Regional High School**

*375, rue Armstrong, C.P. 1100*

Richmond QC J0B 2H0

**Principal : Kirk Robinson**

**Tel.: (819) 826-3702**

**Fax: (819) 826-3705**

## **Centres**

### **Adult Education – Brome Missisquoi Campus**

*180 Adélarde-Godbout*

Cowansville QC J2K 3X9

**Center Director : Pierre Morin**

**Tel.: (450) 263-7901**

**Fax: (450) 263-0985**

### **Vocational Education – Cowansville**

*180 Adélarde-Godbout*

Cowansville QC J2K 3X9

**Center Director: Liette Bécharde**

**Tel.: (450) 263-7901**

**Fax: (450) 263-0985**

### **New Horizons Adult Education - Sherbrooke**

*2365, rue Galt Ouest*

Sherbrooke QC J1K 1L1

**Center Director: Martin Vigneux**

**Tel.: (819) 566-0250**

**Fax: (819) 566-2658**

### **Vocational Education - Lennoxville**

*1700 College*

Sherbrooke, QC J1M 0C8

**Center Director: Luc Rodrigue**

**Tel.: (819) 563-5627**

**Fax: (819) 820-0500**

**SCHOOL TEACHER PIC FUND  
BUDGET CODES**

SCHOOL CODE + CODE BELOW \*

A.D.S. Elementary School.....	001-1-26-200 + *
Ayer's Cliff Elementary School .....	002-1-26-200 + *
Butler Elementary School.....	003-1-26-200 + *
Cookshire Elementary School .....	005-1-26-200 + *
Drummondville Elementary School .....	006-1-26-200 + *
Farnham Elementary School.....	007-1-26-200 + *
Heroes' Memorial Elementary School .....	008-1-26-200 + *
Knowlton Academy .....	009-1-26-200 + *
Lennoxville Elementary School .....	010-1-26-200 + *
Mansonville Elementary School .....	011-1-26-200 + *
North Hatley Elementary School .....	012-1-26-200 + *
Parkview Elementary School.....	013-1-26-200 + *
Pope Memorial Elementary School .....	014-1-26-200 + *
Princess Elizabeth Elementary School.....	015-1-26-200 + *
Sawyerville Elementary School .....	016-1-26-200 + *
Sherbrooke Elementary School.....	017-1-26-200 + *
St. Francis Elementary School .....	018-1-26-200 + *
Sunnyside Elementary School .....	019-1-26-200 + *
Sutton Elementary School.....	020-1-26-200 + *
Waterloo Elementary School .....	021-1-26-200 + *
Alexander Galt Regional High School .....	022-1-26-200 + *
Massey-Vanier High School .....	023-1-26-200 + *
Richmond Regional High School .....	024-1-26-200 + *
Global Learning Institute .....	092-0-26200 + *
Adult Education Centre (Cowansville).....	102-8-26-206 + *
Adult Education Centre (Sherbrooke).....	101-8-26-206 + *

- \* Supply Salaries: School Code + 188
- Travel: School Code + 300
- 
- Course Fee or
- Registration: School Code + 535