**PDC Essential Skills and Class Meetings**

(This form MUST be completed digitally and will NOT be accepted in written form.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of classroom work (Check one): |  | My Own Classroom |  | Another Teacher’s Classroom | |
| |  |  |  |  | | --- | --- | --- | --- | | Name of Positive Discipline Trainer Candidate: | | |  | | Contact Address: | |  | | | Phone Number: |  | | | | Email Address: |  | | | | | | | |

**My Own Classroom:**

For additional Schools, copy and paste the fields below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of School |  | | Location |  | | | |
| Principal’s Name | |  | Number of Students | |  | Grade Level |  |

**Another Teacher’s Classroom:**

For additional Classrooms, copy and paste the fields below:

**Classroom 1:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of School |  | | | | | Location | |  | | | |
| Teacher’s Name |  | | | | Principal’s Name | | | |  | | |
| Starting Date of classroom work | | |  | | | Ending Date | | |  | | |
| Hours (best approximation) | |  | | Number of Students | | |  | | | Grade Level |  |

**Classroom 2:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of School |  | | | | | Location | |  | | | |
| Teacher’s Name |  | | | | Principal’s Name | | | |  | | |
| Starting Date of classroom work | | |  | | | Ending Date | | |  | | |
| Hours (best approximation) | |  | | Number of Students | | |  | | | Grade Level |  |

**Preparing the Ground Activities:**

**Essential Skills for a Positive Discipline Classroom**

**My Own Classroom:** Only 1 set of the following are required.

**Another Teacher’s Classroom:** Please complete the following for the set of Preparing the Ground Activities you complete in each Classroom (Minimum of **2**). Please include the Classroom Number you categorized each Classroom above with each set, i.e. Classroom 1 and Classroom 2.

Please include the following for each of Essential Skills listed below:

* Date Taught
* Written Reflection
  + What was your learning?
  + Were there cultural considerations? If so, please include.
  + Include how you improved and responded to any feedback you received.
  + Please note classroom dynamics and atmosphere.
* If you have facilitated an activity more than once, please reflect on your collective experience and learning through the process of facilitating each specific skill.

Essential Skills:

* Agreements and Guidelines
* Routines
* Meaningful Work
* Self-Regulation
* Communication Skills
* Mutual Respect
* Building Cooperation
* Mistakes and How to Fix Them
* Encouragement
* Respecting Differences
* Buy in for Class Meetings

**Eight Essential Skills for Class Meetings**

**My Own Classroom:** Only 1 set of the following are required.

**Another Teacher’s Classroom:** Please complete the following for the set of Essential Skills you complete in each Classroom (Minimum of **2**). Please include the Classroom Number you categorized each Classroom above with each set, i.e. Classroom 1 and Classroom 2.

Please include the following for each of Essential Skills listed below:

* Activity or Activities Taught
* Date Taught
* Written Reflection
  + What was your learning?
  + Were there cultural considerations? If so, please include.
  + Include how you improved and responded to any feedback you received.
  + Please note classroom dynamics and atmosphere.
* If you have facilitated an activity more than once, please reflect on your collective experience and learning through the process of facilitating each specific skill.

Essential Skills:

1. Forming a Circle
2. Practicing Compliments and Appreciations
3. Respecting Differences
4. Using Respectful Communication Skills
5. Focusing on Solutions
6. Brainstorming and Role-playing
7. Using the Agenda and Class Meeting Format
8. Using and Understanding Mistaken Goals

**Facilitating Class Meetings**

**My Own Classroom:** Please reflect on a minimum of **3** Class Meetings you facilitated.

**Another Teacher’s Classroom:** Please reflect on a minimum of **5** Class Meetings you facilitated. Please include the Classroom Number you categorized each Classroom above with each set, i.e. Classroom 1 and Classroom 2.

Please include the following for each Class Meeting you are reflecting on:

* Date Facilitated
* The Agenda of your Class Meeting
* Written Reflection
  + What went well?
  + How did students use brainstorming and role-play to solve problems?
  + Share how prior solutions worked.
  + Share your learning.