

Professional Development Calendar Update 2009-2010

Title of Event: _____	
Date(s): _____	

Time: _____	
Location: _____	Instruction: _____
Do you want open registration for this class? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Contact Person: _____ Location: _____

RSVP to: _____ Email/Phone: _____

Participants to be involved in the event: _____

Brief description of the event: _____

How will this support District Goals (Instruction/Curriculum/Student Learning): _____

How will you measure implementation and assess effectiveness: _____

Are licensure points available: Yes No

Are credits available: Yes No If Yes, explain: _____

Is a stipend available: Yes No If Yes, explain: _____

Funding source: _____

Training for: All Elementary Only Secondary Only Other: _____

Estimated number of substitute teachers needed: _____ Full Day Half Day

Signature: _____ Date: _____

Professional Development Office Use Only:		
Date submitted: _____	Reviewed: _____	Approved: _____ <small>(Prof. Dev. Coord.)</small>
Room Reserved: Board Room: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> Full	Other: _____	
P.D. Calendar: _____	P.D. Express: _____	