

Lake Shore Central Staff Development Course Proposal

COURSE TITLE: _____

INSTRUCTOR(S): _____

DATES: 1st Choice: _____

2nd Choice: _____

TIME: _____

PROFESSIONAL DEVELOPMENT HOURS: One____ Two____ Three____ Other_____

LOCATION: _____ ROOM: _____

NUMBER OF PARTICIPANTS: MINIMUM _____ MAXIMUM _____

INTENDED AUDIENCE: _____

COURSE DESCRIPTION: _____

PRE-REQUISITE: _____

PROFESSIONAL DEVELOPMENT MODEL: (Check all that apply)

Staff Training Video/Discussion Development/Improvement Demonstration Other

Instructor Contact Information

Instructor Name: _____

School Phone: _____ Home Phone: _____

Email Address: _____

Instructor Name: _____

School Phone: _____ Home Phone: _____

Email Address: _____

What will participants learn or be able to do at the completion of the course? List the most important outcomes.

1. _____

2. _____

3. _____

4. _____

Please return to W. T. Hoag Administrator