

STAFF DEVELOPMENT FACILITATOR PROPOSAL FORM
(To be submitted to your building level principal)

Title of Session:

Facilitator (person responsible for the in-service/workshop/book read):

Date(s) of proposed session or series:

Time:

In-service Location:

Room:

Room(s) confirmed by:

Audience:

May others attend?

Maximum:

Mark all that apply:

District-wide in-service

Building level inservice

Study group/Professional Book Read

Single session

Same session repeated on different dates

School improvement

Register for each session separately

Must attend all sessions to receive credit

Series of related sessions

Action research and sharing of findings

Grade level or content area collaboration

In-service session or series meets the district's criteria for high-quality professional development. (Mark box only if session or series meets all bulleted criteria listed below.) The proposed inservice or series:

- actively engages teachers over time
- is directly linked to improved student learning
- is directly linked to building and/or district school goals or philosophy
- is developed with participation of teachers and administrators
- provides time and other resources for learning, practice, and follow-up
- is supported by district and building leadership
- provides opportunity to give the district feedback on the effectiveness of participation in this inservice activity (This summary needs to be completed in draft form.)

In-service session or series is aligned to and supports the following topical concepts: (Mark all that apply)

Instructional Strategies

Curricular/Content Specific

Behavioral or Special or Adaptive Needs

Technology

Relationships

Lesson Design

Student Assessment

What data is there to support a need for this training session? Please expand.

Description of session or series (Provide a concise description of the course/session. Describe the purpose, learning activity or activities, expectations or products and any other important features):

District/Building Level Priority: In what way(s) does this course/session directly relate to a district, school or building level priority?

Learning Objective: What will participants gain as a result of attending this learning opportunity?

Evidence of Learning: What products or plans will participants develop or produce as a result of this course/session?

Signature for approval: _____
Principal

RETURN WITH SIGNATURE TO YOUR BUILDING LEVEL PRINCIPAL

UPON COMPLETION OF THE COURSE(S), THE FACILITATOR WILL PROVIDE A BRIEF SUMMARY TO THE BUILDING LEVEL PRINCIPAL IN WRITTEN FORM.

