

Professional Development Master Plan

REQUEST TO FACILITATE IN-DISTRICT WORKSHOPS

Name: _____ Date: _____
School: _____ School Phone: _____ School Fax: _____
Department or Grade Level: _____
Best Time to Be Reached: _____

Workshop scheduled for District In-service Day on: _____
(Date)

Target Audience: _____

Maximum Number of Participants: _____

Workshop Length: (Circle One) 1 hr 1.5 hrs 2.0 hrs 2.5 hrs 3 hrs Other: _____

Location of Workshop (school, room number, etc.):

Please list all materials needed:
(It is up to the facilitator to purchase materials needed. Please submit receipt to Professional Development Committee for reimbursement.)

Brief Explanation of Workshop:

Explain how the workshop supports District/Building Goals: (Why is this workshop needed?)

Each facilitator will receive a \$50 honorarium per hour. Reimbursement is given after facilitator submits workshop evaluation forms to the professional development committee.

Approved by: _____ Date: _____
Building Administrator

Approved by: _____ Date: _____