

**2011-2012**  
**Harrison County Schools**  
**PROFESSIONAL STAFF DEVELOPMENT PROPOSAL**

Session Title: _____	
Session Date: _____	Session Time: _____
Location of Session: _____	CE Hours: _____
Presenter's Name: _____	
Proposer's Name: _____	

Type of Activity: \_\_\_\_\_ Instructional Management \_\_\_\_\_ Non-Instructional Management  
*(If non-instructional management is checked, then skip the next statement)*

Targeted curriculum. List all that apply:  
\_\_\_\_\_  
\_\_\_\_\_

List a state, county or school goal that this activity addresses: \_\_\_\_\_  
\_\_\_\_\_

Description of the activity...  
*(Include in description how the activity will expand the knowledge/education of the teacher.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Presenter's Name: \_\_\_\_\_

Presenter's Qualification: \_\_\_\_\_  
\_\_\_\_\_

Total funding requested from the council: \$ \_\_\_\_\_  
Cost break down: \$ \_\_\_\_\_ Materials \$ \_\_\_\_\_ Personnel *(Include substitute costs)*

<b><u>For Council Use Only</u></b>			
Class # _____	Approved: _____	Not Approved: _____	Date: _____
Date Proposal Received: _____		Total Cost Council Agrees to Pay: \$ _____	

**SUBMIT REQUEST TO: Marsha Farkasovsky @ the County Office**