

Harrison County Staff Development Proposal Form For Professionals

<u>DO NOT WRITE IN THIS BOX</u>		
Computer No. _____	Total Cost Council Agrees to Pay: \$ _____	
Approved _____	Not Approved _____	Date _____
Staff Development Specialist (for council) _____		

Complete the following: (Please print or type legibly.)

Title of the Staff Development Activity _____

Date of Activity _____ Time _____

Location of Activity _____

Proposer's Name _____ Proposer's School _____

Applicable to: Elementary _____ Secondary _____ County Office Staff _____

Type of Activity (Check only one): _____ Instructional Management
_____ Non-Instructional Management
(If non-instructional management is checked, then skip the next statement.)

Targeted Curriculums. List all that apply.

Is this activity a component of the Strategic Five Year Plan? Yes/No If yes, briefly explain.

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 classroom teacher. If more space is needed, make an attachment.)

Presenter _____
Presenter's Qualifications:

Total funding requested from the council \$ _____

Cost break down _____ \$Materials
_____ \$Personnel (Include substitute costs)

Send all forms to **Professional Staff Development Council** @ County Office