

OSD Staff Development Planner 2008-2009

Submit completed form to the building staff development coordinator.

Person submitting staff development workshop planning request: _____

Building/Department/Group: _____

Is the workshop open to others outside building? Y N If yes, number of spaces.

Building Learning Improvement Goal/Strategy:

Title

Limit (maximum number of participants)

Registration (start date)

Registration (end date)

Instructor:
(staff development coordinator and instructor)

Contact Person:
(staff development coordinator)

Clock hours available:

Comments: (narrative description—will appear on the web)

Agenda: What will participants **do** (include timeframe)?

- 1.
- 2.
- 3.

Objectives: What will participants **learn**?

- 1.
- 2.
- 3.

Location:

Begin Time:

End Time:

Date: