

Staff Development Workshop Planning Form

Fill out all parts of this form. It will be created as a session within your school's Building Plan for this school year.

School:

Title of Session:

Maximum number of Attendees:

Instructor: (Principal may be listed as instructor)

Requesting Clock Hours? ___ No ___ Yes How Many? (Min. of 3) ___

Date(s):

Start Time:

End Time:

Lunch Time: (if applicable)

Location:

Comments: Please summarize what the session is in one or two sentences.

Agenda: (What will participants do?)

Participants will:

- 1.
- 2.
- 3.

Objectives: (What will participants learn?)

Participants will learn:

- 1.
- 2.
- 3.