

## STAFF DEVELOPMENT WORKSHOP PROPOSAL FORM

Name of Workshop \_\_\_\_\_

Name of Presenter \_\_\_\_\_

Targeted Audience \_\_\_\_\_

Give a brief description of the workshop:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of the Workshop (circle one)      1.5 hours      3.0 hours

Date of the Workshop \_\_\_\_\_

Workshop presenters will be paid at a rate of \$40.00 for a 1.5 hour workshop and \$80 for a 3 hour workshop.

All workshops must be conducted during early release/staff development days or outside of normal school hours.

RETURN TO STAFF DEVELOPMENT COMMITTEE CHAIR

\_\_\_\_\_  
Staff Development Committee Chair Approval      Date

\_\_\_\_\_  
Principal Approval      Date

\_\_\_\_\_  
Superintendent Approval      Date

c      Staff Committee Chairperson