

FOR OFFICE USE ONLY

Facilitators who are *not* paid stipends may have double CE hours for presentation

Class Number _____

LOGAN COUNTY SCHOOLS Staff Development Facilitator Form

Title: _____

Description: _____

Staff Development Goal: _____

(Obtain from Staff development handbook)

Date: _____

Class Times: _____

Registration close Date: _____

Location: _____

Lunch: _____ Facilitator/Instructor name: _____

(Must have a Logan County BOE Employee Name as Primary contact)

CE Hours: _____ is this session eligible for in-lieu of time? ___ Yes ___ No

(6 hours maximum for any session)

Presenter(s): _____

May be the same or different as facilitator/Instructor

This session will address the following areas (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Core Subject Area Class | <input type="checkbox"/> High Quality |
| <input type="checkbox"/> Multi-cultural/Diversity | <input type="checkbox"/> School Improvement |
| <input type="checkbox"/> Content Standards & Objectives | <input type="checkbox"/> Project Based Learning |
| <input type="checkbox"/> Test Analysis | <input type="checkbox"/> Writing Emphasis |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Assessment Strategies |
| <input type="checkbox"/> Instructional Strategies | <input type="checkbox"/> Next Generation |
| <input type="checkbox"/> Stipend Eligible | |

Limitations: _____

Special Notices: _____

Class Size Limit: _____

Is this Class for: Service Personnel ___ Professional Personnel ___

Is this Class (check one)

State Activity _____ County Activity _____ Individual Activity _____

Regional Activity _____ School Activity _____

***This completed form must be submitted to staff development council 30 day PRIOR to an in-service
If there are special technology needs for this session please contact Logan County Schools Central Office.***