



Course Proposal Form p.1

Use this form to register a learning experience that you want to provide for your colleagues in our district.

Name of Course: _____

Description:

Name(s) of Instructors: _____

Date(s) and Time(s): _____

For clock hours, total training time must be at least 3 hours.

Location: _____

Intended Audience: _____

What professional goals/objectives or needs does this training meet? (must list 3)

In the space below, please outline the agenda for the training in a format that includes the time allotted to each learning activity and includes breaks or lunch. An agenda may also be attached and submitted separately.



Course Proposal Form p.2

Will **STEM** clock hours be available for participants? (yes/no) ____ If so, the requirements below must be met, and must be reflected in the agenda and objectives for the course.

- 1) Which 2 STEM elements are included? (Science, Tech, Engineering, Math) _____
- 2) Will the training impact experiences for students (yes/no) _____
- 3) Does the training provide examples or resources to use with students or educators (yes/no) _____
- 4) Does the training provide information about STEM career opportunities (yes/no) _____

Will **TPEP** clock hours be available for participants? (yes/no) ____ If so provide the information below?

At least one Marzano/AWSP criteria must be addressed. Below, provide the names of each criteria that is addressed, and rationale.

If the course is approved, instructors may be eligible for extra pay for time involved with facilitation and preparation of materials. Since each course is different in scope, please provide below the number of additional work hours that will be required for this project with a rationale. Also list materials needed.

Prep. Hours # _____ Rationale and Materials Needed :