



Half Hollow Hills

CENTRAL SCHOOL DISTRICT

Professional Development Course Proposal Form

COURSE TITLE:		# OF HOURS :
DATES:		TIMES: TO
LOCATION:		
CHECK ONE	<input type="checkbox"/> PDP CREDIT	<input type="checkbox"/> INSERVICE CREDIT
INSTRUCTOR:		TELEPHONE #

Course Description:
Describe how this course addresses district goals:
Describe how this course will help staff to maximize student achievement:
Resources:
If this is a technology course, list type of equipment needed:
<input type="checkbox"/> approved <input type="checkbox"/> disapproved <div style="text-align: right;">Superintendent's Signature _____</div>

Please send this form to the Office of Professional Development, Central Office, attention Angela Carolan.