

Arlington Central School District

Application Form and Proposal to Teach an ACSD in-service course

Please describe a Professional Development course you would be interesting in teaching.

Name of individual submitting the form: _____

School: _____

Email Address: _____

Title of Course: _____

Supports which district initiative: _____

1. Circle the level of this activity:

1. Awareness, Beginning, Overview level
2. Skill Development
3. Implementation and Application
4. Advanced or Leadership level

2. Brief description of course: (This will appear in the course catalog)

3. List three learning outcomes participants will learn as a result of attending this course or workshop.

1.

2.

3.

4. How might participants implement this new knowledge and skills in the classroom or their professional lives? How might this be evidenced?

1.

2.

3.

5. If participants implement new knowledge and skills, how will it impact student achievement? How might this be evidenced?

6. How are the learning outcomes for this course or workshop related to the New York State Learning Standards?

7. This course is designed for educators at the following grade levels and content areas:

K-3 3-5 6-8 9-12 Other: _____

Content Area: _____

8. Dates, Times and Location of proposed course:

Indicate where you would like to teach this course below:

School and Room Number: _____

Indicate the dates and times below:

Dates: _____

Times: _____

Circle the number of recommended contact hours for the course:

3 6 9 12 15 Other: _____

Names of teachers who MAY attend if the course is offered: (Optional)

Name	Grade/Department	School Building

Additional comments and specific course requirements or prerequisites:

Please return to:

Dr. Christine Lowden
Director of Professional Development and Program Evaluation
Arlington Central School District
Central Administration Office