



Professional Development Calendar

Check One

- Districtwide Event
- Site-Based Event
- Targeted Audience

- Literacy
- Curriculum
- Diversity
- Assessment
- Technology
- Other

Date submitted: _____

Title of Event/Activity: _____

Date(s): _____

Hours of each session (i.e. 3:30 P.M. – 6:00 P.M.): _____

Location Building: _____ Room: _____

Presenter(s): _____

Audience (specific grade levels, content areas, or building):

Maximum enrollment: _____

Seats available: _____

Are there any costs, materials, text, or supplies that will be required of participants? _____

If yes, please describe: _____

Pay or inservice credit given to participants: _____

To Register Call _____ At _____

District Contact Person (for more information contact....): _____

Work Phone: _____ Home Phone: _____

Description of Event: _____
