

Date Received _____

Torrington Public Schools
Professional Development/ Activity Proposal Form

(To propose a Professional Development activity for a group of Torrington teachers)

Title of Proposed Activity: _____

Target Audience: _____

Learning Outcomes (How will it assist educators in improving student learning?) _____

Learning Activities: _____

Continue on back if necessary

Plan for application, practice, feedback: _____

Continue on back if necessary

Presenter(s)/Facilitator(s): _____

Continue on back if necessary

Date of Activity: ____/____/____ Time: _____ Total Hours: _____

Location: _____ Cost of Activity _____

Attach specifics

Approvals:
 Requested by: _____ Date: _____
 Signature

Approved: _____ Date: _____
 Instructional Supervisor (if relevant)

Approved: _____ Date: _____
 Principal

Approved: _____ Date: _____
 Assistant Superintendent

Please maintain an attendance sheet for the activity. Evaluation forms are encouraged to reflect on the value of the activity and for planning next steps.