

MARSHALL COUNTY STAFF DEVELOPMENT APPLICATION FORM FOR PROGRAM APPROVAL

The following guidelines will determine the approval of an application for credit:

- 1. The program or activity must address a Marshall County Schools objective**
- 2. The program or activity must be job-related and meet Title II funding requirements.**
- 3. The program must be approved prior to date of session.**

Briefly describe the program by answering completely each question below:

1. Name of Applicant(s) or group: _____

2. Present Position(s): _____

3. Title of Program: _____

4. Date(s) (please enter MM/DD/YY): _____

Location: _____ Time: _____ to _____ AM/PM

_____ This request is for CE HOURS (4 per year) Number of CE Hours to be earned: _____

_____ This request is for STIPEND PAY (limited) Number of anticipated participants: _____

_____ This request is for a mixed group, some CE hours and some STIPEND PAY

5. Presenter: _____

6. Target Group: _____

7. Staff Development Objective Being Addressed: _____

8. Explain how this program or activity will improve instruction: _____

PRINCIPAL SIGNATURE

DATE

County Office Approval

**This form is to be submitted to the Office of Curriculum & Instruction for
approval prior to the training event.**