

CLOCK HOUR PROGRAM PROPOSAL

Instructions: Submit completed form to Human Resources at least 15 days prior to inservice starting date. No attachments other than vita.

Program Title: _____

Appropriate for Grade Level(s): _____ No. Clock Hours: _____

Date(s) _____ Time: From _____ to _____

Location: _____

College/University Credit? No Yes, through _____
name of college or university

Estimated number of participants: _____ District only? Yes No

Program Rationale: (How was the need determined? Include the relationship to district goals, needs assessment(s), etc.)

[Empty text box for Program Rationale]

Objectives/Outcomes: (Detail skill, knowledge, attitude, process and/or product outcome.)

[Empty text box for Objectives/Outcomes]

Description and Topics:

[Empty text box for Description and Topics]

How does this program/class relate to the state Learning Standards?

[Empty text box for Learning Standards]

Does this inservice fall under one or more of the following criteria? Check all that apply.

1) This inservice is consistent with a school-based plan for mastery of student learning goals as referenced in RCW28.320.205, the annual school performance report, for the school in which the individual is assigned.
2) This inservice pertains to the participants' current assignment or expected assignment for the following school year.
3) This inservice is necessary for obtaining an endorsement as prescribed by the State Board of Education.
4) This inservice is specifically required for obtaining advanced levels of certification.
5) This inservice is included in a college or university degree program that pertains to the participants current assignment or potential future assignment as a certificated instructional staff of the school district, where the potential of the future assignment is agreed upon by the school district and the participant.
6) This inservice addresses research-based assessment and instructional strategies for students with dyslexia, dysgraphia, and language disabilities when addressing learning goal one under RCW 28A.150.210 , as applicable and appropriate for individual certificated instructional staff.
7) This inservice pertains to the revised teacher evaluation system under RCW 28A.405.100 , including the professional development training provided in RCW 28A.405.106 .

Participant clock hour requirements: _____

Consultant/Instructor: _____ (Attach vita)

Submitted by: _____ **Phone:** _____ **Date:** _____

***** **Please complete all information above. Section below for office use only.** *****

Program Approval _____ Date _____
Chairperson/Designee

Inservice # SW _____