

**LONGVIEW INDEPENDENT SCHOOL DISTRICT
PROFESSIONAL DEVELOPMENT SESSION
PROPOSAL FORM**

Submit this form to Rosemary Whitten, Library Services-ESC, at least one week prior to delivery of professional growth in Longview ISD. A copy of this form will be forwarded to Charlotte Parramore, Assistant Superintendent for Curriculum/Instruction, for session approval.

WORKSHOP TITLE: _____

BRIEF TITLE (for calendar): _____

LISD FACILITATOR (person who will handle online attendance recording): _____

PRESENTER/S: _____

DATE(S) OFFERED: _____ Start Time: _____ End Time: _____

HOURS CREDIT: _____ (1 hour minimum, 1/2 hour increments thereafter)

LOCATION OFFERED: Campus _____ Room# _____

WORKSHOP DESCRIPTION: _____

INTENDED AUDIENCE: _____

PREREQUISITES: _____

NUMBER OF PARTICIPANTS: Minimum : _____ Maximum : _____

Will you offer the workshop if the minimum number is not reached? _____

Do you wish to have campus staff mass enrolled? yes or no Or will participants register themselves? _____

LISD CATEGORY

- | | |
|---|-----------------------------|
| _____ English / Language arts | _____ Math |
| _____ Science | _____ Social Studies |
| _____ Fine arts | _____ Physical education |
| _____ Other content area (SPECIFY area _____) | |
| _____ Bilingual / ESOL | _____ Special education |
| _____ Technology | _____ Discipline management |

Check one SBEC standard that best describes the workshop.

- | | |
|---|---|
| _____ Content area knowledge & skills
Please specify subject, grade or
other content area | _____ Diversity and special needs of student
populations |
| _____ Professional ethics and standards of
conduct | _____ Increasing & maintaining parental involvement |
| _____ District & campus priorities &
objectives | _____ Integration of technology into educational
practices |
| _____ Child development, including research
on how children learn | _____ Ensuring that students read on or above
grade level |
| _____ Discipline management | _____ Diagnosing & removing obstacles to
student achievement |
| _____ Applicable federal & state laws | _____ Instructional techniques |

No certificates will be printed. Participants who need to have a paper copy should print "My Workshops" from LISD On-Line Registration.

SUBMITTED BY: _____ DATE: _____

TO BE COMPLETED BY ESC STAFF

Approved by: _____ Date: _____

Workshop# _____ Sign in folder received (date) _____