

❖ Rationale for proposal – Please explain how the PD relates to our Viking Learner Outcomes

If approved, you will be asked to present what you've learned to others. Please check the venue(s) in which you are willing to do so:

_____ Districtwide meeting(s)

_____ Department meeting(s)

_____ Faculty meeting(s)

_____ Department collaboration(s)

_____ Viking Collaboration(s)

_____ District after school workshop offerings

_____ Other (please explain) _____

❖ How do you plan to assess the applicability, viability, and effectiveness of this professional development?
[i.e. How will your adult learning experience impact student learning? What evidence do you plan to collect to demonstrate the impact?]

Department Chair Signature _____

Administrator Signature _____

_____ Approved

_____ Not approved – contact administrator for explanation

For Office Use Only

_____ Initial date for follow up on Holen's calendar

Date of scheduled presentation to staff: _____

Location and time of presentation: _____

Intended audience _____

_____ Copy to Holen for follow up

_____ Copy to Office Manager

_____ Copy to Applicant(s)