

FOR OFFICE USE ONLY  
Class Number \_\_\_\_\_

## LOGAN COUNTY SCHOOLS Staff Development Facilitator Form

Title: \_\_\_\_\_

Description:  
\_\_\_\_\_

Staff Development Goal: \_\_\_\_\_  
(Obtain from staff development handbook)

Date: \_\_\_\_\_ Class times: \_\_\_\_\_

Registration close date: \_\_\_\_\_ Location: \_\_\_\_\_

Lunch time: \_\_\_\_\_ Facilitator/ Instructor name: \_\_\_\_\_  
(Must have a Logan County BOE Employee Name as Primary Contact)

CE Hours: \_\_\_\_\_ Is this session eligible for in-lieu of time?  yes  no  
(6 hours maximum for any session)

Presenter(s): \_\_\_\_\_  
May be the same or different as facilitator / instructor

This session will address the following areas (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Multi-cultural/Diversity       | <input type="checkbox"/> School Improvement     |
| <input type="checkbox"/> Content Standards & Objectives | <input type="checkbox"/> Project Based Learning |
| <input type="checkbox"/> Test Analysis                  | <input type="checkbox"/> Writing Emphasis       |
| <input type="checkbox"/> Technology                     | <input type="checkbox"/> Assessment Strategies  |
| <input type="checkbox"/> Instructional Strategies       |   |

Limitations: \_\_\_\_\_

Special Notices: \_\_\_\_\_

Class size limit: \_\_\_\_\_

Is this class for: Service personnel  Professional personnel

Is this class (Check one):

State Activity  County Activity  Individual activity   
Regional activity  School Activity

**This completed form must be submitted to staff development council 30 days PRIOR to an inservice.  
If there are special technology needs for this session please contact Logan County Schools Central Office**