

PDWeb Session

Title of Session: _____

Session Content Description (ex. Math, Special Ed): _____

Object: _____

Hours of Credit: _____

Location: _____ Building or Room #: _____

Date: _____ Time: _____

Instructor Name: _____

Proficiency Levels: Awareness Demonstration Mastery Leadership
(circle one)

Grade Specific: _____

LEA's that can enroll: _____

Funding Source : _____

Evaluation of Instructor: YES NO (circle one)

Approve Training: YES NO (circle one)