



Mooresville, North Carolina 28115

REQUEST TO SPONSOR STAFF DEVELOPMENT ACTIVITY

Name: _____
Last First Middle

Address: _____
Street or PO Box City State Zip Code

Signature of Applicant: _____ Date: _____

School/Department: _____

⇒ Principal's Signature: _____

*** Minimum Requirement for Sponsorship: 10 hours of training for 1.0 CEU**

(We advise sponsors to organize more than 10 hours of training so if a participant misses a session, 1.0 CEU can still be earned and to only issue certificates only after the online survey is completed).

TITLE OF PROPOSED WORKSHOP: _____

On attached sheet(s), indicate the following:

- A. General focus of activities
- B. Specific objectives and/or competencies to be acquired
- C. Strategies for achieving objectives and/or competencies
- D. Evaluation strategies for determining achievement of objectives and/or competencies
- E. Resources to be used

Target dates:

1. Beginning:	Month: _____	Day: _____	Year: _____
2. Completion:	Month: _____	Day: _____	Year: _____
3. Desired date for post conferences	Month: _____	Day: _____	Year: _____

⇒ Prior Approval for Activity: _____
District Administrator's Signature/CO

FOR CENTRAL OFFICE USE ONLY

Verification of completion received: Date _____ Copy of verification attached: Yes ___ No ___

Post-Conference Date: _____ Number of units of credit approved: _____

Signed: _____ Date: _____

District Administrator

REQUIRED →
from Sponsor of PD

*** Credit awarded upon receipt in CO of Participant Sign-In Roster Sheets including the number of CEU's ea. participant should receive and confirmation that the online Surveys have been completed.**