

**Professional Development Program  
NOT Sponsored by Archdiocese of Louisville  
Effective Instructional Leadership  
2015 - 2016 Cycle**

<b>Submitted by:</b> _____	Phone number _____
Address _____	e-mail address _____
	<b>Social Security number</b> _____

**PROGRAM INFORMATION**

**Title** \_\_\_\_\_

**Number of Contact Hours** \_\_\_\_\_ **(THREE hours minimum)** Only 6 hours permitted for conference

**Date/s of Training Program** \_\_\_\_\_

**Description:** Please list the ISLLC Standard/s and the leadership topics that were addressed in the program. **Include** a Statement of Relevance (how it pertains to your work). Use additional sheets if necessary.

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**TRAINER INFORMATION**

**Name of Sponsoring Organization** \_\_\_\_\_

**Phone number** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

**PARTICIPANT INFORMATION and VERIFICATION DOCUMENTATION**

**Please attach the following documentation:**

- Program and/or Agenda
- Certification of Attendance

**Intended Audience: Check all that apply.**

_____ Principals	_____ Special Educators
_____ Assistant Principals	_____ Instructional Supervisors
_____ Counselors	_____ Other (Please specify)

**Identify Participants' Stage Of Professional Development**

_____ Orientation/Awareness	_____ Implementation/Management
_____ Preparation/Application	_____ Refinement/Innovation

**Please send completed form to:**  
**Terry Crawley**  
**Archdiocese of Louisville**  
**1935 Lewiston Drive**  
**Louisville, KY 40216**  
**e-mail: [tcrawley@archlou.org](mailto:tcrawley@archlou.org)**  
**PHONE: 502-448-8581 FAX: 502448-5518**

For office use only:  
 Approved \_\_\_\_\_  
 Date: \_\_\_\_\_