

**WARREN COUNTY SCHOOLS  
LOCALLY PLANNED STAFF DEVELOPMENT WORKSHOP  
(Request Form)**

For any locally planned staff development that is sponsored in the Warren County School System the following information is requested:

1. Course Title: \_\_\_\_\_  
\_\_\_\_\_

2. Target Audience: \_\_\_\_\_

Minimum # of Participants: \_\_\_\_\_ Maximum # of Participants: \_\_\_\_\_

3. Number of Units of Credit: \_\_\_\_\_

4. Date(s) of Workshop: \_\_\_\_\_

5. Time(s) of Workshop: \_\_\_\_\_

6. Location: \_\_\_\_\_

7. Instructor(s): \_\_\_\_\_

8. Workshop Objectives: (Course Description. Include how the workshop is related to school or system goals and how it will be evaluated. A separate sheet may be attached.

9. Amount(s) Budgeted and Budget Source: \_\_\_\_\_  
\_\_\_\_\_

\*Signature of Workshop Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_

Approval: \_\_\_\_\_  
(Principal/Administrator/Requestor)

Date: \_\_\_\_\_

Approval: \_\_\_\_\_  
(Staff Development Director)

Date: \_\_\_\_\_