

# SEQUATCHIE COUNTY SCHOOLS WORKSHOP REQUEST

Title of Workshop: \_\_\_\_\_ Date of Workshop: \_\_\_\_\_

Names of those attending:

	Teacher Choice	Admin Assigned
_____ Grade/Subject _____	<input type="checkbox"/>	<input type="checkbox"/>
_____ Grade/Subject _____	<input type="checkbox"/>	<input type="checkbox"/>
_____ Grade/Subject _____	<input type="checkbox"/>	<input type="checkbox"/>
_____ Grade/Subject _____	<input type="checkbox"/>	<input type="checkbox"/>

What area of the School Improvement Plan does this address?

How will students benefit from this Workshop?

Does this address Disabled Students? YES \_\_\_ NO \_\_\_

How will you share the information with your peers?

Location of Workshop: \_\_\_\_\_ Mileage: \_\_\_\_\_

Estimated Workshop Fees: Registration: \_\_\_\_\_ per person

Hotel Cost: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_ Number of Nights \_\_\_\_\_

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## FOR CENTRAL OFFICE USE ONLY

Approved \_\_\_\_\_ Pay from \_\_\_\_\_

NOT approved for funding \_\_\_\_\_