

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: _____

Estimated Workshop Fees: Registration: _____ per person

Hotel Cost: _____ : # of rooms _____ : # of nights _____

For central office use only

Approved _____ pay from _____

Not approved for funding _____