



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

For any locally planned staff development that is sponsored in the Carteret County Public 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: _____ Date: _____
(Principal/Administrator/Requestor)

Approval: _____ Date: _____
(Staff Development Coordinator)

(For Central Services Use Only – High Quality Research Based Approved: ____Yes ____No)