

APPENDIX E

STAFF DEVELOPMENT COURSE PROPOSAL
Sparta Area School District Sparta, WI 54656

Submitted by: _____
(Name) (Date)

(School, Department or Address) (Phone)

Request to offer the course described below for (check one):

- _____ SASD professional advancement credit only
- _____ SASD professional advancement credit and DPI equivalency credit
- _____ DPI equivalency credit only

Course title: _____

Course schedule (for each course session specify the date, time, place):

Month/Day/Year Beginning-Ending Time Place

Total number of course hours: _____

Number of professional advancement credits requested: _____

Total number of DPI equivalency clock hours: _____

Eligible participants: _____

Instructor(s): _____

Qualifications of instructor(s) to teach this course:

Fee to be paid by participants: \$ _____ (Continued on reverse side)

FOR PROFESSIONAL ADVANCEMENT CREDIT COMMITTEE USE ONLY

_____ Approved Date _____

_____ Rejected for the following reasons: _____

FOR DPI USE ONLY

Approval Date _____ DPI approval Number _____

DEPARTMENT OF PUBLIC INSTRUCTION APPROVAL

Course Title:

Course description (Attach additional sheet if necessary):

Rationale (need) for this course:

Course Objectives:

Outline of course content and activities:

Evaluation design (i.e. how the course will be evaluated):

Credit requirements (check all which apply):

- Participation in all course sessions and activities
- Completion of outside assignments (please specify):
- Other (please specify):

Signature of Person Requesting Course

SASD Authorizing Signature

Send this proposal to: Director of Instruction
Angelo Administrative Center
Sparta, WI 54656