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):

___________________________________________________________

___________________________________________________________

___________________________________________________________

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Signature of Person Requesting Course  SASD Authorizing Signature

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