

Olympic ESD 114 CLOCK HOUR PROPOSAL/PROGRAM AGENDA FORM

For OESD Use Only:
CH# _____

Attach a Vita for each presenter (unless already on file with OESD 114).
Prior approval by OESD 114 is required. Proposals must be received by OESD 114 **SEVEN WORKING DAYS** before program start date.
If you have any questions regarding completing this form, contact OESD Clock Hour Secretary, 360-405-5801.

SECTION A: TO BE COMPLETED BY PROGRAM COORDINATOR

Sponsoring School District: _____

Program Coordinator Name: _____

Business Phone: _____ Business Fax: _____

To receive Registration Packet electronically, please provide e-mail address: _____

Program Title: _____

Presenter(s): _____

Location: _____

Estimated number of participants _____

EALR - If more than one EALR is equally addressed, indicate "Multiple".
If All EALRs are equally addressed, indicate "ALL". If none of the EALRs are addressed, indicate "Other": _____

Open or Closed Registration: _____ Number of Clock Hour (min. 3): _____

Days and Dates of session(s): _____

Start/Ending Times
of each session: _____

Lunch (how long): 1 hour _____ 1/2 hour _____ n/a _____ other _____

SECTION B: MAJOR TOPICS TO BE COVERED (use reverse or additional sheets if necessary):

SECTION C: COURSE OBJECTIVES (use reverse or additional sheets if necessary):

SECTION D: TO BE COMPLETED BY LOCAL DISTRICT CONTACT PERSON

Approval signature: _____

Approved: _____ Denied: _____ Date: _____

If denied, explain:

SECTION E: TO BE COMPLETED BY OESD 114:

Approval signature: _____

Approved: _____ Denied: _____ Date: _____

If denied, explain: