

CLOCK HOUR PROGRAM PROPOSAL FORM

Contact Person:

Location:

Phone:

(This person will be responsible for monitoring the clock hours and submitting all completed forms to Teaching & Learning.)

Is it okay to post this class on the district's Professional Learning Calendar (online)? Yes No

Class/PLC Title:

Target audience:

Name of Presenter(s)/Facilitator(s):

- 1.
- 2.
- 3.
- 4.
- 5.

Class location:

Maximum enrollment:

Minimum enrollment:

Date(s):

Start time(s):

End time(s):

Number of clock hours requested:

Select how this training/class aligns with at least one pillar of the WWPS Strategic Plan:

High-quality Instruction: Supporting a district-wide culture where all instructional staff analyze student data, reflect on their practice, collaborate with their peers, and incorporate best-practice teaching strategies to ensure high levels of learning for all students.

Aligned and Coherent Systems: Ensuring articulated programs and systems to support a comprehensive, consistent, and responsive learning environment for all students.

Social and Emotional Needs: Implementing high-quality behavior models and interventions to support the social and emotional needs of all students.

Safe and Engaging Environment: Ensuring all students are engaged and connected to their school, peers, and community in a safe and secure educational setting.

PROGRAM AGENDA

Rationale for Class *(Describe purpose and relationship to district, school or department goals; needs assessment(s), etc.)*

Major Topics to be Covered

Class Objectives *(List the class goals and what participants will learn and be able to do when the class is complete.)*

District Approval (For WWSD Use Only)

Approved _____ ***Denied*** _____ ***Date Material Sent to Originator*** _____