

ESC WORKSHOP FORM

* *Required Field*

For Office Use Only Master Event #: _____ Session ID #: _____

* **Registration Start Date** _____

* **Title of Workshop:** _____

Workshop Date _____ **Time** _____ **Location** _____

Instructor _____ *** Facilitator** _____

Statewide Y N **Private Event** Y N **Fee** _____ ***Limit** _____

* **Description:**

* **Event Type (please select one)**

- Board Meeting Executive Committee Meeting Inter Agency Coordinators Council Meeting
- Other Event Type Professional Development Teacher Center Committee Meetings

* **Credit Type (please select one)**

- CEU # _____ Graduate Class Hours # _____

Strand

- Advocacy/Leadership AR Content Standards/Frameworks AR History Assessment
- Building a Collaborative Learning Community Classroom Management Cognitive Research
- CPR Curriculum Alignment Data Disaggregation Educational Technology Fiscal Mgmt
- Health Physical Activity Instructional Leadership Instructional Strategies Instructional Technology
- Mentoring/Coaching Non-Curricular Parental Involvement Princ of Learning/Developmental Stages
- Private Events Supervision Systemic Change Process

Subjects

- All Subject Areas Agri Business Ed Family & Consumer Science Fine Arts
- Foreign Language G/T Health Language Arts Library Media Specialist Literacy
- Mathematics Music Physical Education Science Social Studies Special Education
- Speech/Language Pathology Technology Vocational Other

Credit

- Advanced Placement AR History Data Desaggregation Educational Technology
- Fiscal Management Health/Physical Activity Instructional Leadership Parent Involvement

OVER

