

Request to Create a Campus Event for Professional Development
Hope Public Schools

1. Who is making the request for this event to be created? _____

2. Today's date _____

3. How will the participants be registered for the event? Check one of the following:

____ The participants will register themselves.

____ Participants will be registered through the Central Office.

____ A. Register an entire campus(es) HHS, YMS, BHE, CPS, GAS, ABC, Adult Ed

____ B. Register participants by name using the list I am providing.

4. What is the title of this event? _____

5. When will the event take place? _____

6. What time does the event begin? _____

7. What time does the event end? _____

8. Where will be event take place? _____

9. Will this event qualify for the following? Circle all that apply:

____ technology

____ instruction

____ parental involvement

____ curriculum

____ anti-bullying

____ classroom management

____ suicide awareness/prevention

____ assessment

____ child maltreatment awareness

____ Other _____

10. Please provide a brief description of this event.