

# NARRAGANSETT REGIONAL SCHOOL DISTRICT PROFESSIONAL DEVELOPMENT ACTIVITY PROPOSAL FORM

School Year 2004-2005

|                        |                |              |                  |
|------------------------|----------------|--------------|------------------|
| _____                  | _____          | _____        |                  |
| (Name of staff member) | (School)       | (Date)       |                  |
| _____                  | _____          | _____        | _____            |
| (Grade level)          | (School phone) | (Home phone) | (e-mail address) |

*Send this completed form to YOUR PRINCIPAL FOR APPROVAL. YOUR PRINCIPAL WILL THEN SCHEDULE A MEETING WITH the Assistant Superintendent FOR APPROVAL. The ASSISTANT SUPERINTENDENT WILL THEN SET THE PARAMETERS FOR THE DISTRIBUTION OF PDP's and/or Narragansett credits. PDP's and/or Narragansett credits will be issued through the Assistant Superintendent after the completion of the approved activity.*

1. Please describe your project activity in detail. Attach another sheet if needed.
  
  
  
  
  
  
  
  
  
  
2. Please describe how your project connects with your school's the District's or statewide initiatives with regard to curriculum, instruction or assessment. Attach another sheet if needed.
  
  
  
  
  
  
  
  
  
  
3. Are you requesting PDP's and/or Narragansett course credits. If so, how many? How many hours will your activity require of you?

Approved by the Principal \_\_\_\_\_ (date)

Approved by the Assistant Superintendent \_\_\_\_\_ (date)