



## Cape Cod Collaborative Center for Professional Development Request for Course/Seminar/Institute

Item 1-Circle the most appropriate (see definition below)

**Course-** 3 credits and 67.5 PDP's (may be taken as non-credit course)

**Institute-**1 credit and 22.5 PDP's (may be taken as non-credit institute)

**Seminar-**PDP's only

Item 2-Please suggest a title for the training activity you are proposing-your suggested title may be modified as the training activity is developed.

Item 3-Please describe the training activity in a single sentence.

Item 4-Please suggest 3 learning outcomes for training activity.

Example of Format-"Participants will identify and apply the attributes of standards based education"

Item 5-At the time this form is completed, there does not need to be guaranteed number of participants. However, because there will ultimately need to be a minimum number of participants to offer training, a reasonable estimate of the number of participants from the district of origin will be important. The Collaborative will take responsibility for adding enough participants to insure that the course can be offered at a cost-effective level.

Item 6-If you are aware of a qualified Instructor, please suggest a name. If in your judgment the Instructor you are suggesting is critical to your desire to offer the course, please comment.

Item 7-You may suggest a general or specific location. The Collaborative will have to make a formal decision on this matter based upon number of participants from each district.

Item 8-Please identify calendar (date (s)) you desire for training. Identifying month(s) of year is acceptable.

Item 9-Please suggest time of day you desire for training.

IF YOU WOULD PREFER THAT THIS FORM BE COMPLETED WITH YOUR INPUT BY THE PROFESSIONAL DEVELOPMENT COORDINATOR PLEASE CALL OR E-MAIL TO ARRANGE A TELEPHONE CONFERENCE TIME.

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