

# **Prior Approval for Courses, Workshops and Seminars outside of MSAD 59**

**Name:**

**School:**

**Position/Subject Area:**

**Course/Workshop/Seminar Title:**

**Location:**

**Date(s) of Course/Workshop/Seminar:**

**In what way will this Course/Workshop/Seminar benefit your teaching, students and or the district?**

**Is this Course/Workshop/Seminar part of your 5-year plan?**

**How does this Course/Workshop/Seminar connect to the Common Core State Standards Initiative and/or the Maine Learning Results?**

**Teacher Signature:** \_\_\_\_\_ **Date Submitted:**

\_\_\_\_\_

**Approved** \_\_\_\_\_

**Denied** \_\_\_\_\_

**Building Certification**

**Representative Signature:** \_\_\_\_\_ **Date Submitted:**

\_\_\_\_\_

**(Please keep a copy for yourself, give one to the Building Certification Representative and send the original to the Certification Chairperson.)**