

**Maine School Administrative District 59
Staff Development Contact Hour Approval Form**

Staff Request Information: *Fill out only top section.*

Date of Request _____ Workshop / Class Date(s) _____

Program / Person Requesting Approval _____

Workshop / Class Name _____

Contact Hours Requested _____

Time(s) of Workshop / Class _____

Time of workshop should not include lunch, dinner, or break times.

Workshop / Class Location _____

Name(s) of Presenter / Facilitator _____

Attached Information

_____ Agenda, Syllabus, Outline Attached

_____ Presenter/Facilitator Resume/Background Statement

_____ List of Participants and Number of Contact Hours

_____ Evaluation Form Attached

Staff Development Committee Review Section:

_____ Date missing information requested

_____ Date missing information received

_____ Date recommended by Staff Development Committee

_____ Date approved by the Superintendent/Signature _____

_____ Date certificates issued

_____ Information Missing

Contact Hours Approved _____

Submit to Building Representative: