

Online Set-Up Form

SPS Professional Learning

Please check the type and area this activity will emphasize:

Course Type:

- Assessment
- Cooperative Learning
- Classroom Management
- Continuous Quality Improvement
- Curriculum (Literacy/Math)
- Differentiated Instruction
- Early Career
- Higher-Order Thinking Skills
- Leadership
- Love and Logic
- Mentor/Mentee
- New Teacher
- Professional Learning
- STEP UP
- Technology
- Title I
- Other: Please Specify _____

Course Area:

- Business/Marketing
- Cognitive Coaching
- Continuous Classroom Improvement
- English Language Arts
- Classroom Management
- MAP
- Math
- Module
- Music
- Other: Please Specify: _____
- Special Ed
- Technology
- Title I
- Visual Arts
- Writing

Day(s) and Date (s) of Professional Learning Activity: _____

If more than one date, is this a (circle one) **repeat class** or **continued class**?

Start and End Time: _____

Title of Professional Learning Activity _____

Location - Building/Room Number: _____

Facilitator: _____

Contact Person: _____

Enrollment Limit: _____ Accredited Hours: _____

Intended Audience: _____

Description of Activity: _____

Please email this form to Amy Wolfinbarger in Learning Development at awolfinbarger@spsmail.org