

# Ionia County ISD

## SB-CEU Application Form

08-09 School Year

Please return your completed form to Rebecca Bush, SB-CEU Program Director  
at least 30 days before the first day of your activity .

Program Title: \_\_\_\_\_

Target Audience:  Teachers  Administrators  School Psychologists  
(Check all that apply)

Complete the following for each program session (in chronological order).

Session No.	Date			Time		Location
	Month	Day	Year	From AM/PM	To AM/PM	
01						
02						
03						
04						
05						
06						

### **Contact Information:**

Name: \_\_\_\_\_

Department/School: \_\_\_\_\_

**Overall Goal/Objective of Program** (Include 3-5 sentences statement):

**Specific Learning Outcomes** (Include 3-5 sentences statement):

### **Program Agenda – Please attach a copy**

This agenda should show precise hour-by-hour activities so that instructional (contact) hours may be verified. PD and Meetings longer than 2.5 hours must include a 15 minute break. Welcome, breaks, and meal times are not included in the contact hours.