

Ionia County Intermediate School District SB-CEU Application Form

06-07 School Year

Please return your completed form to Rebecca Bush, Director of General Education,
at least 45 days before the first day of your workshop.

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.

Presenter Information

Attach a one-page resume or short professional biography of presenters.

