**Instructions:** This proposal is to be completed by the primary/lead presenter for any class, workshop, or other in-service event and submitted to the NWESD program/department contact. Information will be used to develop a contract with the presenter(s), request clock hours (if applicable), set up course in the registration/evaluation system, and for marketing purposes.

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| **In-Service Information** | |
| **Title**  *Should be captivating and intriguing, and draw the reader in (100 character limit)* |  |
| **Part 1 – Target Audience**  *Identify target audience by group and/or experience level if applicable (125 character limit)* |  |
| *WAC 181-85-200(2)*  **Part 2 – Description and Overview of Topics**  *To generate interest and enthusiasm for this in-service offering, describe: 1) the issue/problem that is the focus of the in-service; 2) how this in-service will address the issue/problem; and 3) why this topic is of interest to the attendees (what’s in it for them?) (700 character limit)* |  |
| *WAC 181-85-200(1)*  **Part 3 – Learning Targets**  *List measurable benefits/outcomes (learning targets) (350 character limit)* |  |
| *WAC 181-85-200(5)*  **Part 4 – NWESD Professional Development Standards – check all that apply**  *In-service activities must relate to or address one or more of the following standards. At least one of the asterisked standards is required if clock hours will be provided.*  \* Provide opportunities to collect and analyze evidence related to student learning and data driven instruction  \* Meet professional certificate standards  \* Focus on school and/or district improvement efforts  \* Focus on subject matter content and curriculum aligned with approved Washington State learning standards  \* Recognize and demonstrate research-based effective practices in instruction, assessment, and/or intervention  \* Relate content to current or anticipated job assignment or endorsements  \* Recognize and develop strategies for student advocacy, leadership, mentoring/coaching and supervision  \* Work toward building collaborative learning communities  Center instruction on high expectations for student achievement  Foster and manage a safe, positive learning environment | |

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| **Minimum participants** | |  | | | | | | | | | | **Maximum participants** | | | | |  | | | |
| **Preferred location** | |  | | | | | | | | | | **Preferred date(s)** | | | | |  | | | |
| **Method of delivery?** | | Face-to-face  Online only | | | | | Webinar  Video conference | | | | | **Preferred time(s)** | | | | |  | | | |
| **Do you want clock hours to be offered?** | | | | | | Yes | | No | | | **Do you want university credit offered?** | | | | | | | Yes | | No |
| **Number of instructional hours** *(excluding lunch unless working lunch)* | | | hours | | | | | | | **Materials/copies will be provided by** | | | | | | Instructor | | | NWESD | |
| **Required resources**  *(check all that apply)* | Flip chart  Computer | | | Projector  Screen | | | | | Doc camera  DVD player | | | | Microphone  Speakers | | Extension cord reels  Other | | | | | |
| **Important Information** | | | | | | | | | | | | | | | | | | | | |
| **Materials and texts**  *List any materials or textbooks that participants are required to bring to the class. If there is an additional cost for these materials, please note the cost and web links for at least two vendors.* | | | | | Materials/texts: | | | | | | | | | Web links to materials: | | | | | | |
|  | | | | | Additional cost of materials: | | | | | | | | |  | | | | | | |
| **Describe any other special needs for the in-service** *(360 character limit)* | | | | | | | | | | | | | | | | | | | | |

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| **Instructor Information** *WAC 181-85-200(2)* | | | | | | | | | | | | | |
| **Primary instructor name** |  | | | | | **Are you a NWESD employee?** | | | | Yes\* | | | No |
| \**If yes, you may skip the Contact Information section below* | | | | | | | |
| **Contact Information** | | | | | | | | | | | | | |
| **(School Year) Email address** | |  | | | **(Summer) Email address** | | |  | | | | | |
| **Street address** | |  | | | | | | | | | | | |
| **City** | |  | | | | | **State** | |  | | **Zip** |  | |
| **Home phone** | |  | | | | | **Cell phone** | |  | | | | |
| **Qualifications** *WAC 181-85-200(3)* | | | | | | | | | | | | | |
| Please check [list of vitas on file](https://wwwapps.nwesd.org/vita/vitalistnames.php) to determine if NWESD has your current vita information. | | | | | | | | | | | | | |
| Yes, my name is on the list of vitas on file. | | | | If your name is not on the list, please [submit a vita online](https://wwwapps.nwesd.org/vita/vita.php). | | | | | | | | | |
| I affirm that I have the academic and professional experience which specifically qualifies me to conduct this in-service education program. I also affirm that all program materials, including the program agenda and written objectives/learning targets shall be made available to all attendees.  *WAC 181-85-200(3); WAC 181-85-200(4)* | | | | | | | | | | | | | |
| **Name(s) and title(s) of additional instructor(s)** *(if applicable)* | | |  | | | | | | | | | | |
| **Brief biography of lead presenter for publication** *(350 character limit)* | | | | | | | | | | | | | |

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| For Employee Use Only | | | | | | | | | | | | | | | | | | |
| **Subtitle** *(use only when setting up a conference with breakout sessions)* | | | | |  | | | | | | | | | | | | | |
| **Is this in-service new or a repeat?** | | | | | | New  Repeat | | | | | | **If repeat, prior course ID#** | | | |  | | |
| **Will this in-service be repeated throughout the academic year?** | | | | | | | | | | | | Yes  No | | | | | | |
| **Reservation** | | | | | | | | | | | | | | | | | | |
| **Location** |  | | | | | | | | | | **Room** | | |  | | | | |
| **Date(s)** |  | | | | | | | | | | **Time(s)** | | |  | | | | |
| **Fee Structure** | | | | | | | | | | | | | | | | | | |
| **Registration fee** | | $ | | | | | | | **If additional materials fee to be paid to instructor, how much?** | | | | | | | | | $ |
| **Member group fee?** | | | | Yes | | | No | | **Group name** | | | |  | | | | **Fee** | $ |
| **Promo code?** | | | | Yes | | | No | | **Code name** | | | |  | | | | **Fee** | $ |
| **Early registration discount?** | | | | Yes | | | No | | **Register by** | | | |  | | | | **Fee** | $ |
| **Late registration fee?** | | | | Yes | | | No | | **Register after** | | | |  | | | | **Fee** | $ |
| **Clock hours available?** | | | | Yes | | | No | | **Number of CH** | | | |  | | | | **CH fee** | $5.00 |
| **College credit available?** | | | | Yes | | | No | | **Number of CC** | | | |  | | | | **CC fee** | $ |
| **Type of CC** | | | | SPU | | | | WWU | | STARS | | | Other | | | | | |
| **Assigned course #** | | |  | | | | | | | | | | **Revenue account #** | |  | | | |