

# SUMMER INSTITUTE PROPOSAL

Name of presenter: \_\_\_\_\_

Title of Institute: \_\_\_\_\_

Target Group: \_\_\_\_\_

Approximate # of participants: \_\_\_\_\_ (minimum 3 participants per presenter)

Location of Institute: \_\_\_\_\_ (any out of district location needs approval by Teresa Murphy)

Dates/Times: \_\_\_\_\_ Summer Institutes may be scheduled after the last day of school through  
September 1, 2016

**SmartPD requires a date, if you are unsure of the date Please give a tentative date  
and in the description put "possible date change"**

Purpose: (Be specific...To develop, to train)

Identify Curriculum Framework learning standards to be addressed:

*I understand I am responsible for maintaining all necessary paperwork to ensure payment and PDP certification, scheduling, distribution of an evaluation form, and for providing a summary of my summer institute to include names of participants, purpose, content addressed and any recommendations for future work and/or ongoing improvement.*

***6/20 – 6/30 Summer Institutes must have time sheets into Central Office by Thursday June 30, 2016 to be paid.***

Signature \_\_\_\_\_ School \_\_\_\_\_

**PLEASE RETURN YOUR PROPOSAL FORM TO JANET QUINN**

[janet.quinn@mansfieldschools.com](mailto:janet.quinn@mansfieldschools.com)