

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

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