

**Professional Development Program
Sponsored by Archdiocese of Louisville
Effective Instructional Leadership
2017 – 2018 Cycle**

Submitted by: _____	Phone number	_____
Address	_____	e-mail address _____

PROGRAM INFORMATION

Title _____

Number of Contact Hours _____ **(THREE hours minimum)**

Date/s of Training Program _____

Location of Training Program _____

Content

Leadership: Please list the ISLLC Standard/s that will be addressed in this program and briefly explain.

Participant Outcomes: Describe the skills, concepts, knowledge, or capabilities that participants will gain as a result of this training activity. Link to those topics listed in Guidelines in Program Content of EILA Booklet.

Training Activities And Agenda: Describe the program in terms of activities and objectives and include an agenda.

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Evaluation Of Program: Explain how participants will apply the knowledge and skills gained during this program to impact student achievement when they return to their building. (Submitter must return completed evaluation forms and attendance sheet before participants can receive EILA credit. If the program is on-line, indicate how participation will be verified.)

TRAINER INFORMATION

Name _____

Phone number _____ **E-mail address** _____

Trainer's Qualifications: Please describe the trainer's qualification for this program. If certified through a standard certification program, please indicate. (Use additional page if necessary.)

PARTICIPANT INFORMATION

Intended Audience: Check all that apply.

- | | |
|----------------------------|---------------------------------|
| _____ Principals | _____ Special Educators |
| _____ Assistant Principals | _____ Instructional Supervisors |
| _____ Counselors | _____ Other (Please specify) |

Identify Participants' Stage Of Professional Development

- | | |
|-------------------------------|---------------------------------|
| _____ Orientation/Awareness | _____ Implementation/Management |
| _____ Preparation/Application | _____ Refinement/Innovation |

Please send completed form to:
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e-mail: tcrawley@archlou.org
PHONE: (502) 585-3291 FAX: (502) 585-2466

For office use only:
Approved _____
Date: _____