

**Professional Development Program
NOT Sponsored by Archdiocese of Louisville
Effective Instructional Leadership
2017 - 2018 Cycle**

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

PROGRAM INFORMATION

Title _____

Number of Contact Hours _____ **(THREE hours minimum)** Only 6 hours permitted for conference

Date/s of Training Program _____

Description: Please list the ISLLC Standard/s and the leadership topics that were addressed in the program. **Include** a Statement of Relevance (how it pertains to your work). Use additional sheets if necessary.

TRAINER INFORMATION

Name of Sponsoring Organization _____

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

PARTICIPANT INFORMATION and VERIFICATION DOCUMENTATION

Please attach the following documentation:

- **Program and/or Agenda**
- **Certification of Attendance**

Intended Audience: Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Principals | <input type="checkbox"/> Special Educators |
| <input type="checkbox"/> Assistant Principals | <input type="checkbox"/> Instructional Supervisors |
| <input type="checkbox"/> Counselors | <input type="checkbox"/> Other (Please specify) |

Identify Participants' Stage Of Professional Development

- | | |
|--|--|
| <input type="checkbox"/> Orientation/Awareness | <input type="checkbox"/> Implementation/Management |
| <input type="checkbox"/> Preparation/Application | <input type="checkbox"/> Refinement/Innovation |

Please send completed form to:
Terry Crawley
 Archdiocese of Louisville
 3940 Poplar Level Road
 Louisville, KY 40213-1463
 e-mail: tcrawley@archlou.org
 PHONE: (502) 585-3291 FAX: (502) 585-2466

For office use only:
 Approved _____
 Date: _____