

**Professional Development Program  
NOT Sponsored by Archdiocese of Louisville  
Effective Instructional Leadership  
2018 - 2019 Cycle**

<b>Submitted by:</b> _____	Phone number _____
Address _____	e-mail address _____
	<b>Social Security number</b> _____

**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](mailto:tcrawley@archlou.org)  
 PHONE: (502) 585-3291 FAX: (502) 585-2466

For office use only:  
 Approved \_\_\_\_\_  
 Date: \_\_\_\_\_