



REQUEST TO SPONSOR
IN-HOUSE MGSD STAFF DEVELOPMENT
(MGSD-12)

Name: _____
Last First

Type of CEUs Requested (Please Check ✓ One):

- General Literacy Academic/Content Digital Learning Sch. Administrator

Signature of Applicant: _____ Date: _____

School/Department: _____ Maximum # CEU's Requested: _____

→ Principal's Signature: _____

*** Minimum Requirement for Sponsorship: 5 hours of training for .5 CEU**

(We advise sponsors to organize more than 5 hours of training so if a participant misses a session, .5 CEU can still be earned). All participants must complete an online survey to receive CEUs.

TITLE OF PROPOSED WORKSHOP: _____

On attached sheet(s), indicate the following:

- A. General focus of activities
- B. Specific objectives and/or competencies to be acquired
- C. Strategies for achieving objectives and/or competencies
- D. Evaluation strategies for determining achievement of objectives and/or competencies
- E. Resources to be used

Target dates:

1. Beginning:	Month: _____	Day: _____	Year: _____
2. Completion:	Month: _____	Day: _____	Year: _____
3. Desired date for post conferences	Month: _____	Day: _____	Year: _____

→ Prior Approval for Activity: _____
District Administrator's Signature/CO

FOR CENTRAL OFFICE USE ONLY

Verification of completion received: Date _____ Copy of verification attached: Yes ___ No ___

Post-Conference Date: _____ Number of units of credit approved: _____

Signed: _____ Date: _____
District Administrator

*** Sponsors are REQUIRED to return Participant Sign-In Roster Sheets to CO and to indicate the number of CEU's each participant should receive before CEUs will be awarded. Participants must complete the online survey.**