

**T3 PROGRAM
In-Service Proposal and Approval Form**

Name of Workshop Presenter/Trainer: _____

Name of Workshop: _____

Description of Workshop (including proposed outcomes for participants)

Proposed Days (Dates) and Time of Workshop:

Day (Click in appropriate box)	Dates	Time
Monday <input type="checkbox"/>		
Tuesday <input type="checkbox"/>		
Wednesday <input type="checkbox"/>		
Thursday <input type="checkbox"/>		
Friday <input type="checkbox"/>		
Saturday <input type="checkbox"/>		

Total number of weeks: _____

Location: Building and Room # _____
(i.e. HS-201; MS-801; ES-101)

*** Please attach flyer for advertising**

Office Use Only

Approved

Not Approved

Comments: _____