



GULFPORT SCHOOL DISTRICT

Professional Development Presenter Proposal Form 2010-2011

Title of Workshop: _____
Content/Subject Focus: _____

Intended Grade Level(s): *Please check all that may apply.*

- K-2 3-5 6-8 9-12 All Grade Levels

Name(s) of Presenters:

NAME	SCHOOL	EMAIL ADDRESS

Course Description: *This section must be completed before submitting your proposal.*

Length of presentation: **90 Minutes** **Half Day** **Whole Day**

Special presentation requests, (i.e., *Promethean Board, room size, capacity limit, etc.*):

Attach a copy of your proposed agenda to this form before submission.

Please note that proposed 90-min./1/2 Day sessions may be offered more than once on the day of the scheduled Essential Pieces conference.

Administrator's Signature: _____

FOR OFFICE USE ONLY.
Agenda attached: <input type="checkbox"/> YES <input type="checkbox"/> NO