

# Lenoir County District Activity Template

Title of the Activity: \_\_\_\_\_  
 \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Contact: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

Activity Category: (select one)	Career-Technical Ed.	Communication Skills	Classroom Management
	Cultrual Arts	ESL	Exceptional Children
	Mathematics	Reading	Science
	Social Studies	Technology	Other

Strategic Priorities: (select one)	Community Collaboration/Partnership	Academic Achievement for All
	Develop/Retain Exceptional Workforce	Excellent School Facilities
	Safe and Orderly Learning Environment	Fiscal Responsibility and Equity

Discipline Focus: (select one)	Arts	Civics/Government	English/Language Arts
	Economics	Foreign Languages	Geography
	History	Mathematics	Reading
	Science	Technology	Not Discipline Specific

Number of Sections: \_\_\_\_\_ (same start date and end date as below)

Activity Start Date: \_\_\_\_\_

Activity End Date: \_\_\_\_\_

Activity Length: \_\_\_\_\_ Hours

Number of CEU's: \_\_\_\_\_ General      Reading      Technology

Max. Enrollment: \_\_\_\_\_

Activity Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Lenoir County District Activity Template

Target Audience: \_\_\_\_\_  
 (optional) \_\_\_\_\_

Comments: \_\_\_\_\_  
 (optional) \_\_\_\_\_

Prof. Dev. Program: (select one)	Career and Tech. Ed.	Central Office - 28	Central Office - TI
	Comp. School Reform	Even Start Family Lit.	Improving Teacher Quality
	Exceptional Children	LEP	Migrant Education
	More at Four	New Teacher Orientation	Small Learning Communities
	Reading First	Staff Dev. Elem - 28	Staff Dev. High School - 28
	Staff Dev. Middle - 28	Technology	Title I
	Title V		

Budget/Participant: (leave blank if zero)	Personnel (subs, etc.)	_____	Lodging/Meals	_____
	Training Materials	_____	Misc. Travel	_____
	Registration/Fees	_____	Consulting	_____
	Mileage/Air Fare	_____	Follow-up	_____

List Below Location, Time, and Presenter(s) for Each Section of this Activity:

Section 1. Location/Time: \_\_\_\_\_  
 Presenter(s) \_\_\_\_\_

Section 2. Location/Time: \_\_\_\_\_  
 Presenter(s) \_\_\_\_\_

Section 3. Location/Time: \_\_\_\_\_  
 Presenter(s) \_\_\_\_\_

_____ Approved By:	_____ Date:
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\*Use additional pages if needed. Upon Completion, please send to the Staff Development Office.