



TI -1

APPLICATION FOR APPROVAL OF DISTRICT INSTITUTE

Dr. Mark A. Klaisner, Executive Director
4413 Roosevelt Road – Suit
Hillside, Illinois 60162
Telephone: 708 449-4284
Email completed forms to jeffsmith@west40.org

Please complete this form and forward to West40 ISC#2-Region 6 fifteen (15) days prior to event.

DISTRICT NAME: _____

DISTRICT NUMBER: _____ **INSTITUTE DATE :** (mm/dd/yy) _____

Number of Participants: _____ **TO BE HELD AT:** _____

PLANNING COMMITTEE MEMBERS: (50% must be classroom teachers, 25% administrators and 25% school service personnel.) The Chairperson must be chosen by the committee, from the committee and not in addition to the committee.

TEACHERS = 50%	ADMINISTRATORS – 25%	SCHOOL SERVICE PERSONNEL = 25%

THEME OF DISTRICT INSTITUTE/IN-SERVICE DAY

INSTITUTE DAY OBJECTIVE(S)

1. _____
2. _____
3. _____

APPROVAL RECOMMENDATION: _____ **Date:** _____
Chairperson of the Planning Committee

APPROVAL RECOMMENDATION: _____ **Date:** _____
District Superintendent