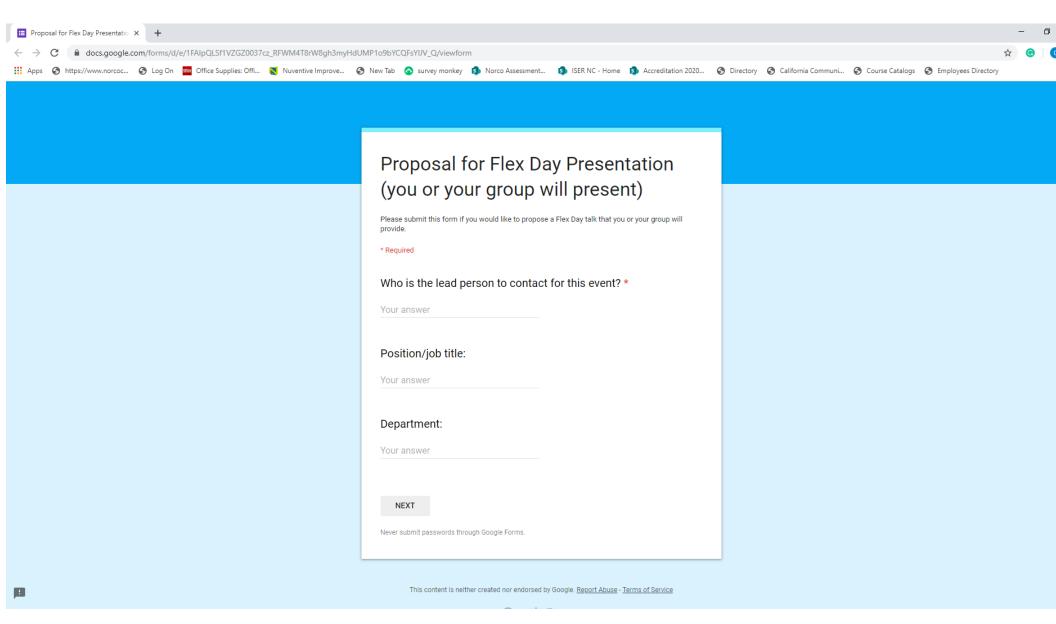


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NORCO PROFESSIONAL DEVELOPMENT WORKSHOP **PROPOSAL**

Event Title:	
Short Description:	
	Presenter(s)*:
	Contact Person:
	Contact Email:
	Contact Phone:* Prior to submission, classified staff presenters must coordinate
	their workshop schedule with their direct supervisor.
	their workshop somedure with their direct supervisor.
	Scheduled in R25?
	Yes O No
	Are you requesting FLEX approval:
	Yes No
	If so, FLEX event connects to: (check all that apply)
Event Date:	Improvement of Teaching
Event Location:	improvement of reaching
Event Start Time:	Maintenance of Academic/Technical
Event Duration (for FLEX):	Knowledge and Skills
CONNECT WITH STRATEGIC PLANNING:	In-Service Training (Vocational Ed and Employment Prep)
Which of the 7 Strategic Goals does this event relate to	Retraining
(check all that apply)	
Increase Student Achievement and Success	Intersegmental Exchange Program
	Development of Innovations in
Improve the Quality of Student Life	Instructional and Administrative
Increase Student Access	Techniques and Program Effectiveness
Create Effective Community Partnerships	Computer and Technological Proficiency Programs
Strengthen Student Learning	Course and Training Implementing
Demonstrate Effective Planning Processes	Affirmative Action and Upward Mobility Programs
Strengthen Our Commitment to Our Employees	_
None of the Above	to educational and professional
	development pursuant to criteria establish
Please submit your completed form to the	by the Board of Governors of the California Community Colleges, including, but not
Instructional Programs Support Coordinator	limited to, programs to develop self-
at least two weeks before your event.	esteem
OFFICIAL PDC USE ONLY: Professional Development Workshop: Approved	Not Approved \(\) \(\) Date of Action:
FLEX Workshop (if requested): Approved	Not Approved Dute by Action. Not Approved PDC Meeting

https://docs.google.com/forms/d/e/1FAIpQLSe4XlFnATnySshtS39249FcsDPKjJyDh7PBQdvI15rXrzCZBA/viewform

