



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.*

Scheduled in R25?

Yes

No

Are you requesting FLEX approval:

Yes

No

Event Date: _____

Event Location: _____

Event Start Time: _____

Event Duration (for FLEX): _____

If so, FLEX event connects to: (check all that apply)

Improvement of Teaching

Maintenance of Academic/Technical Knowledge and Skills

In-Service Training (Vocational Ed and Employment Prep)

Retraining

Intersegmental Exchange Program

Development of Innovations in Instructional and Administrative Techniques and Program Effectiveness

Computer and Technological Proficiency Programs

Course and Training Implementing Affirmative Action and Upward Mobility Programs

Other activities determined to be related to educational and professional development pursuant to criteria established by the Board of Governors of the California Community Colleges, including, but not limited to, programs to develop self-esteem

CONNECT WITH STRATEGIC PLANNING:

Which of the 7 Strategic Goals does this event relate to? (check all that apply)

Increase Student Achievement and Success

Improve the Quality of Student Life

Increase Student Access

Create Effective Community Partnerships

Strengthen Student Learning

Demonstrate Effective Planning Processes

Strengthen Our Commitment to Our Employees

None of the Above

Please submit your completed form to the [Instructional Programs Support Coordinator](#) at least two weeks before your event.

OFFICIAL PDC USE ONLY: Professional Development Workshop: Approved
FLEX Workshop (if requested): Approved

Not Approved
Not Approved

Date of Action:

Electronic

PDC Meeting