

AVERILL PARK CENTRAL SCHOOL DISTRICT
146 GETTLE ROAD, STATION 1
AVERILL PARK, NY 12018



IN-SERVICE COURSE APPLICATION

Course No: _____ *(To be assigned by District Office)*

Course Title: _____

Instructor(s)/Facilitator(s) _____

Total Hours: _____ **Location:** _____

Targeted Audience: _____

Prerequisites: _____

If you are applying to be an instructor, what experiences/activities have prepared you for this role?

Course objectives:

Describe how this course can lead to improved student achievement:

Please list date and time of each class with course topics to be covered:

Specify any special room or equipment needs for this course:

Other information for consideration in this application:

Building Administrator Approval: _____ **Date** _____

In-service Committee use:

Date Reviewed: _____

Check: **Instructor** ☐ **Facilitator** ☐ **Technology Trainer** ☐

Total hours approved: _____

District Administrator Approval: _____

Comments:



Applicant(s) use:

_____ Yes, I (we) will present this in-service to the staff at Averill Park as described on this application.

_____ No, I (we) choose NOT to present this in-service to the staff at Averill Park as described on this application.

Signature: _____

Date _____

(Please return this application to the Assistant Superintendent's office upon review.)

