

Date Requested:

**Career and Technical Education
APPROVAL TO PROVIDE INSERVICE EDUCATION**

Approval Date:
Total Attendance:

All information must be completed on this form and submitted to OSPI **30 days in advance of inservice for approval.**
Please do not *handwrite*. An agency approved by the State Board of Education to serve as a provider for inservice education programs will formulate a committee or board of directors to grant prior approval for proposed inservice education programs.

Request made by: _____ Phone _____ Fax _____

Address: _____ Email _____

Sponsoring Provider Name
Office of Superintendent of Public Instruction

Address
Career and Technical Education (CTE)
Old Capitol Building
PO BOX 47200
Olympia, WA 98504-7200

Sponsoring Prov Contact (Must provide OSPI program contact)

Sponsoring Prov phone

Name of Instructors (Must provide resume or certification number)

| Presenter(s) | Certification Number |
|--------------|----------------------|
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Requesting approval for vocational clock hours: Yes No

Detailed qualifications of instructor attached. On file in the Vocational Certification Office.

INSERVICE INFORMATION (conference, course, training, etc.)

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|--------------------------------|-------------------------------|
| <u>TITLE</u> | |
| <u>First Date of Inservice</u> | <u>Last Date of Inservice</u> |
| <u>Time(s)</u> | Notes: |
| <u>Location</u> | |

Total number of continuing clock hours: _____

Will participants have the option of using the offering for college or university credit? Yes No

If yes, name of college or university: _____

INSERVICE OUTCOMES AND/OR OBJECTIVES. Please provide a description of a minimum of two and a maximum of four outcomes/objectives of the inservice. Note: One objective must describe how the inservice will address nontraditional training and employment opportunities associated with these outcomes/objectives. Do not use attachments for outcomes/objectives and/or instructor name(s).

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Note: One objective must describe how the inservice will address nontraditional training and employment opportunities associated with these outcomes/objectives.

EVALUATION FORM

Using provider approved format

Special format attached which includes:

- extent to which written outcomes/objectives have been met,
- quality of the physical facilities,
- quality of the oral presentation by each instructor,
- quality of the written materials provided by each instructor.