

**School District Proposal For Illinois State University Professional  
Development Activities for Teacher Recertification (Hosting a Local Workshop)**

This form is intended to match School Districts with specific professional development needs to Instructors at Illinois State University with expertise in that area. Your request will be sent to the appropriate department. Workshop decisions will be made by the individual department and instructor(s).

Today's Date: \_\_\_\_\_

Proposal Initiator \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_

District \_\_\_\_\_ K-8 \_\_\_\_\_ 9-12 \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Desired area of Concentration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Desired Credit (circle one):    CEU        CPDU

How many participants will you have? \_\_\_\_\_ (suggested minimum is 15)

Do you have a facility for the workshop? \_\_\_\_\_

What dates would you prefer? \_\_\_\_\_

When your proposal is received, Illinois State University personnel will determine the feasibility/logistics of the workshop and begin pricing the workshop. Pricing will depend on number of participants and cost of materials as well as instructor travel expenses.

If you have any questions, please contact [CEUS@ilstu.edu](mailto:CEUS@ilstu.edu) or call 309/438-2160.

**Mail completed form to  
Conferencing Unit, Attn: Teacher Recertification Workshops, Campus Box 8610, Normal, IL 61790-8610.**