**PLEASE SUBMIT FORM BY THE LAST DAY OF PRE-PLANNING.**

**LATE SUBMISSIONS WILL NOT BE ACCEPTED.**

The mission of the King Springs Elementary Foundation is to provide resources beyond those currently provided by the Cobb County School District to supplement elements of enhanced education. The Foundation has set an immediate goal to provide funding for teacher support. As such, the KSE Foundation will consider funding teacher requests for stipends to attend training courses at a rate of up to $100 per day. Factors the Foundation will consider in awarding stipends will include 1) length of training course (hours/ day), 2) number of teachers wishing to attend, 3) course content in alignment with the School Strategic Plan, 4) number of students impacted, and 5) additional funding sources (i.e. county, grants, PTA).

Note: An additional $100 may be awarded upon the accomplishment of one of the following:

1. The development and implementation of a lesson plan(s) relevant to course content or experience gained through this training course. **Lesson plan and must accompany this form**.
2. The sharing of course content and experience with your grade level team with the intent of grade level implementation. **Presentation and team evaluation must accompany this form.**

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| --- | --- | --- | --- |
| Teacher Name: |  | Grade: |  |
| Email Address: |  | Phone Number: |  |
| \*Course Title: |  | Course Date: |  |
| Course Location: |  | Course Length:  (hours, days) |  |
| Number of students impacted: |  | Number of staff impacted: |  |
| How does this training align with the mission of the KSE Foundation as well as the School Strategic Plan? | | | |
| What is the most valuable thing you learned or experienced through this training? | | | |
| Have you requested funding from sources other than the Foundation? | | | |

\*For multiple courses, a separate course list/ syllabus may be attached.

I hereby submit written proof of attendance and attest that I attended all parts of the training course. Additionally, I attest that any lesson plans, peer presentations submitted are of my own work.

Submitter’s Signature/ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Please return completed form to the Principal.**

Principal’s Signature/ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Board Use Only:  Approved (Y/N):\_\_\_\_\_\_\_\_\_\_ Approval Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Foundation President’s Signature/ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Peer Presentation Evaluation

Your Name: Grade:

Peer Presenter Name:

*Instructions: Place an X on the line in response to each question.*

1. Please rate your interest in the subject matter?

Extremely Interested Neutral Not at all interested

1. How much of the information that was presented was new to you or inspired you to think about things in a new way?

All of the information Some of the Information None of the information

1. How likely are you to implement the lesson plan or ideas presented by your peer in your classroom?

Extremely likely Somewhat likely Unlikely