

# CCISD SB-CEU Application

**District Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Location of Program** \_\_\_\_\_ **Contact phone #** \_\_\_\_\_

**Program Title:** \_\_\_\_\_  
(35 characters or less)

**Please Check the Program Category that fits best:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Agricultural Education           | <input type="checkbox"/> Art Education                      | <input type="checkbox"/> Business Education  |
| <input type="checkbox"/> Computers/Technology             | <input type="checkbox"/> Early Childhood                    | <input type="checkbox"/> Foreign Language    |
| <input type="checkbox"/> Health/Recreation/Phys Ed        | <input type="checkbox"/> General Studies                    | <input type="checkbox"/> Gifted and Talented |
| <input type="checkbox"/> Home Economics                   | <input type="checkbox"/> Language Arts                      | <input type="checkbox"/> Mathematics         |
| <input type="checkbox"/> Social Studies                   | <input type="checkbox"/> Science                            | <input type="checkbox"/> Special Education   |
| <input type="checkbox"/> Supervising Teacher (k-5)        | <input type="checkbox"/> Vocational Ed                      | <input type="checkbox"/> Elementary Level    |
| <input type="checkbox"/> School Psychologist (9-12)       | <input type="checkbox"/> Leadership skills                  | <input type="checkbox"/> Secondary Level     |
| <input type="checkbox"/> School Counselor                 | <input type="checkbox"/> Multicultural skills               | <input type="checkbox"/> Middle Level (6-8)  |
| <input type="checkbox"/> Curriculum Development           | <input type="checkbox"/> Parent/Community Relations         |  |
| <input type="checkbox"/> School Administration            | <input type="checkbox"/> Management/Supervision skills      |  |
| <input type="checkbox"/> School Improvement               | <input type="checkbox"/> State Policy, Rules and Procedures |  |
| <input type="checkbox"/> Miscellaneous (non-content area) |   |  |

**Course Narrative:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of presenters:** \_\_\_\_\_ Please list names and information below.

<u>Name</u>	<u>Background in subject matter</u>
_____	_____
_____	_____
_____	_____

**Indicate number of times the program will be offered:** \_\_\_\_\_

**List Dates:** \_\_\_\_\_ **and times:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Indicate contact hours:** \_\_\_\_\_ (Do not count breaks or lunch.)

**# of SB-CEUs requested** \_\_\_\_\_  
(Minimum of 3 contact hours required, SB-CEUs = #hours/10. Example – 3 hours = 0.3 SB-CEUs)

**Are teachers outside your district invited to attend?** Yes \_\_\_\_\_ No \_\_\_\_\_

*Please submit application and agenda to  
Carla Strome, CCISD, 809 Hecla Street, Hancock, MI 49930  
Fax 906-482-1931 (with cover sheet) or email to [cstrome@copperisd.org](mailto:cstrome@copperisd.org)*