



Peconic Teacher Center Professional Circles Application

The group's facilitator must complete one application for the group. Separate applications for each member are not necessary. Please send this completed application to the Peconic Teacher Center. The Professional Circles is subject to approval from Peconic Teacher Center. The facilitator will receive written confirmation on the proposal's status.

Name of Participants:

The recommended participation is at least five (5) members and not more than ten (10) including the facilitator.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Name of Facilitator: _____ Date of Application: _____

Title of Professional Circle: _____

School Building: _____

School Telephone Number: _____ Home Telephone Number: _____

Dates: _____ Times: _____
(Dates and time must equal 15 hours for one in-service credit)

Location: _____
(Facilitator will hand the buildings and grounds form for the location. Please forward a copy to Peconic Teacher Center)

Title of Professional Circle: _____

Statement of Purpose:

Please state the theme, areas of instruction or curriculum to be examined and desired outcomes to be achieved.

Resources:

(i.e. books, journals, speaker, clerical support)
