Coastal Plains RESA

Delivering School Improvement

Professional Learning Registration / Prior Approval Form

SS# (required) Date ☐Teacher ☐Parapro ☐Support ☐Administrator

Course # Course Title

Last Name First Name

Home Phone Email Address

Home Address

City State Zip

School System School

School Phone Grade Level Subject

✓Check One		
		Field of Certification (includes not only content as in math or reading but all kinds of knowledge and skills that any teacher or administrator might need regardless of the content taught or supervised, e.g., classroom mgmt., reading across the curriculum, etc.)
		District, School, Professional Improvement Plan
		Annual Personnel Evaluation (PDP, PEP, etc)
		State/ or Federal Requirements

Respond to each of the following.

1. How will your participation in this course help you implement the system/school improvement plan?

Participant's Signature/Date _____

I hereby recommend this person for participation in the above professional learning course

_____ _____

School PL Contact/Date

Principal or Supervisor/Date

System PL Coordinator/Date

245 N. Robinson Street, Lenox, Georgia 31637 Fax: 229-546-4167