



TI -4
APPLICATION FOR APPROVAL OF PARENTAL INSTITUTE FY17

Dr. Mark A. Klaisner, Executive Director
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Email completed form to: rerdman@west40.org

DISTRICT NAME: _____

DISTRICT NUMBER: _____ **INSTITUTE DATE :** (mm/dd/yr) _____

Number of Participants: _____ **TO BE HELD AT:** _____

PLANNING COMMITTEE MEMBERS: No district may utilize teachers' institute days without consent of the District's Inservice Planning Committee (Chap. 122 10-22.18). Please have the District Planning Chairperson signify approval.

Approval: _____ **Date:** _____
 District Planning Chairperson

TEACHERS = 50%	ADMINISTRATORS – 25%	SCHOOL SERVICE PERSONNEL = 25%

THEME OF PARENT INSTITUTE DAY

PARENT INSTITUTE DAY OBJECTIVE(S)

1. _____
2. _____
3. _____

APPROVAL RECOMMENDATION: _____ **Date:** _____
 Chairperson of the Planning Committee

APPROVAL RECOMMENDATION: _____ **Date:** _____
 District Superintendent