



TI -3

APPLICATION FOR APPROVAL OF TOWNSHIP INSTITUTE FY16

Dr. Mark A. Klaisner, Executive Director
4413 Roosevelt Road – Suite 105
Hillside, Illinois 60162
Telephone: 708 483-6206

Email completed form to: rerdman@west40.org

TOWNSHIP: _____

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

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

THEME OF TOWNSHIP INSTITUTE DAY

TOWNSHIP INSTITUTE DAY OBJECTIVE(S)

1. _____
2. _____
3. _____

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

APPROVAL RECOMMENDATION: _____ Date: _____
District Superintendent

APPROVAL RECOMMENDATION: _____ Date: _____
District Superintendent

APPROVAL RECOMMENDATION: _____ Date: _____
District Superintendent

APPROVAL RECOMMENDATION: _____ Date: _____
District Superintendent

APPROVAL RECOMMENDATION: _____ Date: _____
District Superintendent

APPROVAL RECOMMENDATION: _____ Date: _____
District Superintendent

7/1/2016

Please attach a list of Planning Committee members.
(50% Teachers; 25% Administrators & 25% School Service Personnel)