Rhode Island Association of School Committees

Request for Approval of “External” Training

Name: ___________________________________ Date: ________________

School Committee: ___________________________________

Date(s) of training: _______________ Hours: _______________________

Training Provider/Presenter: _______________________________________

Content of Training:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Educational Outcomes:
_____________________________________________________________________________________  
_____________________________________________________________________________________

Documentation:

- Brochure
- Material describing the training
- Background of presenter

Post-training documentation

- Attendance
- Copy of materials distributed

Office use only

Approval ___________________ denial __________________________

Date ______________________

Committee action (if applicable)