

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)