



Event entered in database: _____

Today's Date: _____

Equipment Booked: _____

Grant Coordinator Approval: _____

Event entered on internal Calendar: _____

Session ID: _____

Event Profile

Budget Code: _____

NA

Stipend Rate

Substitute Rate

Event Date: _____

Time: _____

Lunch Break

Event Title: _____

Presenter(s): _____

Contact Person: _____

Max Participants: _____

Rooms:

Oak

Maple

Walnut

Cottonwood

Pine

Sped A

Sped B

Sped C

Sped D

Description: _____

ESU Department:

Administration
Staff Development
Media/Production

Distance Learning
Title 1
Title 3

Special Education
Technology/Internet
Migrant

Program Focus:

Assessment
Instructional Technology
Instructional Materials

Leadership
Instructional Improvement
School Improvement

Curriculum
Safety
Reporting

Program Purpose:

Awareness

Skill Building

Implementation

Source of Request:

Local Education Agency
ESU Local Advisory Committee

ESU Staff
Statewide Initiative

Target Audience:

Teachers
Administrators

Paraprofessionals
Other: _____



Mode of Delivery:

School District
ESU

Multi ESU/Regional
State – Statewide

Funding Source (s):

Core – Core Services
Core + - Core Services + other funding sources
Carl Perkins
Title III LEP/ImEd

Title I, Migrant
Title II A
Special Education
Title I A

Prior to Session:

Check Conference Room Supply Tub
Assist Presenter in set up
Active Board
Microphone
Other: _____

Unlock South Door
Prepare /handouts/supplies
Print/Copy Sign-up sheet
Print Name tags

Refreshments:

AM: Time: _____ Food: _____ Drink: _____

Pick up at: _____ By: _____

LUNCH: Time: _____ Food: _____ Drink: _____

Delivered by: _____ Phone: _____

PM: Time: _____ Food: _____ Drink: _____

Pick up at: _____ By: _____

Seating Arrangement:

Grouping: Classroom Four Six Large square Other: _____

Direction: Facing West Facing South

Supplies:



Technology Needs:

Lab Computers: Yes No

Quantity Needed: _____

Software Needed Installed(a week in advance to install and test):

Presenter Requests:

Presenter need Tech Support: YES NO

Presenter Name: _____

Email Address: _____

Phone Number: _____

Presentation Needs:

Camcorder/Tripod

Microphone

Internet Access

Printing

Overhead

Mice

LCD Projector

Apple TV

Other: _____

DL Info:

DL Equipment Used: _____

Who is dialing: ESU 7 Other

Who is receiving: Other ESU 7

Location: _____

IP Address: _____

Location: _____

IP Address: _____

Location: _____

IP Address: _____