



West Seneca Central School District

CTLE # 665

675 Potters Rd. Rm. 208

West Seneca, NY 14224

• TEL 677-3128

• FAX 677-3132

Form A

(Form B on reverse)

**Program Validation Form**  
**For CTLE/District-Sponsored Courses**  
(To be completed by the instructor or site coordinator)

Course/CTLE Activity Name: \_\_\_\_\_

Instructor's: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Course Days: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Course Times: \_\_\_\_\_

Hours per Session: \_\_\_\_\_ Total # PD Hours: \_\_\_\_\_ Total # ARO Hours: \_\_\_\_\_

Target Group for \_\_\_\_\_ (ARO/PD or PD) Credit: (Check  one from this group)

- All Educators
- Elementary Educators
- Secondary Educators (if appropriate check  below)

- ELL
- Content
- Pedagogy
- Other

Other (Specify) \_\_\_\_\_

Briefly explain course objective: \_\_\_\_\_

SITE COORDINATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADMINISTRATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVAL BY THE FACILITATOR OF DISTRICT PROFESSIONAL DEVELOPMENT:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_