



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: _____