



**WORKSHOP PROPOSAL FORM**

1. Title (one hour): \_\_\_\_\_

2. Your workshop is designed for grade levels (check all that apply):  
K-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9-12 \_\_\_\_\_ Other \_\_\_\_\_

3. Examples will be given in the following language(s): \_\_\_\_\_

4. The workshop will be conducted in following language(s) \_\_\_\_\_

5. Description (synopsis) of the workshop \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Procedures and/or activities to be employed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Outcomes:  
a.) What skills will teachers be able to implement/come away with/do after attending this workshop?  
\_\_\_\_\_  
\_\_\_\_\_

b.) What will students be able to do/learn as a result of your workshop ideas?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Which NYS Standards and/or National Standards does this workshop address?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Materials and/or equipment needed:**

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**10. Materials participants should bring with them to the workshop (if any):**

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**11. Please provide LILT with information about your professional background (e.g. colleges) attended, years of teaching experience, degrees, past presenter experience) or attach your résumé:**

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**Your name:**

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**Phone Number:** (     ) \_\_\_\_\_

**Complete Address:**

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**E-Mail address:**

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**District/Affiliation:**

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*Send this proposal form via email or US Mail to:*

*Donna DiNatale*

*98 Chelsea Drive*

*Mount Sinai NY 11766*