# Schedule of <u>Proposed</u> District Level Tier 2 Professional Development Activities 2002-2003

**Region:** D F GR1 GR2 K MP Y **District/Consortium**_____

(List multiple districts if necessary) _____

| **Date of Activity** (e.g. Wed., Sept. 6, 2000) | **# hours** | School time **(S)** or nonschool **(NS)** time | **Name(s) of Trainer(s)** |
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| **TOTAL HOURS** | | | |

| **Description of <u>DISTRICT</u> Costs for Professional Development** *(costs incurred by district, not supported by M³RP, i.e.* ***cost sharing****)* |
|---|
| Meals<br><br>**$** |
| Compensation<br><br>**$** |
| Other (be specific)<br><br>**$** |

**Please complete this form, attach extra pages if necessary, and mail or fax to the M³RP Project Office by September 30, 2002.**

**Fax:** (616) 387-4530 **OR** **Mail:** Sandy Madden
Department of Mathematics
Western Michigan University
Kalamazoo, MI 49008