



APPLICATION FOR ESP PROGRAM APPROVAL
(ONE PROGRAM/WORKSHOP/Class PER SHEET)

INSTRUCTIONS: All proposals must be received 30 days prior to the date of program. Complete and return with attachments and processing fee to:
WEA Academy, Inc.
P.O. Box 8003
Madison, WI 53708-8003

PROVIDER NAME _____ TELEPHONE(Area code)# _____

ADDRESS: Street, City, State, ZIP _____

EMAIL ADDRESS: _____

LOCATION OF PROPOSED PROGRAM/WORKSHOP (City) _____ DATE(s) & TIME(s) _____

I am willing to have this workshop listed in a statewide dissemination system. Attach a copy of workshop program
 YES NO

SIGNATURE: Official responsible for workshop/class and, providing attendance verification. _____ Date Signed: (Mo./Day/Yr.) _____

PRINT NAME _____

TITLE _____

PROGRAM CURRICULAR AREA: (CHECK ONLY ONE)

CORE:

- Communication
- Legal/Ethical
- Behavior Management
- Growth/Development/Psychology

ELECTIVE:

- Cultural Diversity/Equity
- Instructional Issues
- Medical/Health

ELECTIVE:

- Special Needs Students
- Technology
- Workplace Environment
- Professional Conference

(Other/Please Specify)

Program/Workshop

Workshop Title _____

Number of Hours Requested _____

Number of Hours Granted _____

Target Group for Whom Workshop was Developed _____

Goals and Objectives: Attach additional pages as necessary _____

Program Content: Attach an outline or workshop program _____

Workshop Schedule: Attach additional pages as necessary _____

Qualifications of Person(s) Conducting the Workshop: Attach a resume, vita, or biographical sketch for each presenter _____

Academy APPROVAL SIGNATURE & DATE

FOR WEA Academy USE ONLY

APPROVAL NUMBER