

COURSE:
DATE:
TRAINERS:
NAME OF LEADING TEACHER OR DISTRICT TEACHER CONSULTANT (IF KNOWN):
NAME OF SETTING:
NAME OF DELEGATE:
OBJECTIVES OF COURSE/CLUSTER WORKSHOP:
LINKS TO KEEP STATEMENTS:
LINKS TO 5 OUTCOMES:
LINKS TO QA SCHEMES: BS – DIMENSION EEL – DIMENSION
WHAT DIFFERENCE WILL MY ATTENDING THIS COURSE MAKE TO A CHILD IN MY SETTING: