

Flex Day Session Description Form 2018-19

Thank you for your interest in presenting a session at Flex Day. Please email the completed form to <u>David Reed</u> (reedd@smccd.edu). The **Campus-wide Professional Learning Committee** will review session ideas. You will receive notification via email about your Flex Day session.

The Professional Learning Committee will consider the following when reviewing session descriptions:

- Content has potential for campus-wide impact
- Alignment with theme for the academic year (if applicable)
- Student-centered
- Diversity of topics, delivery formats, and intended audiences
- Scheduling availability (*Note that we cannot accommodate requests for sessions to be offered with no competing sessions at the same time.)

Name:	Department:
Email:	Phone Extension:
Amount of time needed for session:	Maximum number of participants:
Intended audience (e.g. Faculty, Classified Staff, Administrators, or ALL):	
Preferred Date(s) of Session (select ALL that apply):	
Fall 2018: August 14 October 10	
Spring 2019: □ January 11 □ March 6 □ March 29	
Preferred Session Time (select ALL that apply):	
□Morning	□Afternoon □Morning or Afternoon
☐ Please check here if you would like to offer this session at more than one FLEX day during the 2018-19 Academic year	
☐ Please check here if you would like to repeat this session during a different academic year: (enter year)	
Delivery Format (please check all that apply):	
☐ Interactive/hands-on workshop	☐ Computer-based training
☐ Lecture/presentation/demonstrate	tion Discussion/group dialogue
☐ Panel/Q&A	☐ Other



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