



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 [Dayo M. Diggs](mailto:diggsd@smccd.edu) (diggsd@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
- 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/demonstration

☐ Discussion/group dialogue

☐ Panel/Q&A

☐ Other _____



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Session Title Draft (this can be finalized at a later date):

Brief Session Description including session outcomes (this can be finalized at a later date):

Request for specific resources*, technology, or room for presentation:

*Please note, the Flex Day budget is not able to cover expenses for session materials or refreshments.