



Professional Outreach Form

Name: _____ Position/Dept. _____

Title of Activity: _____

Location: _____

Time and Date(s)*: _____

*If an ongoing program, list duration; for example, Tuesdays & Thursdays, 1-3pm, 1/31/06-3/2/06

Topic of Activity (attach agenda or description of activity):

- Mathematics
- Science
- Assessment
- Curriculum
- Inquiry/Best Practices in Instruction
- Other: _____

Type of Activity:

- Professional Development
- Recruiting
- Other: _____

Audience:

- Preservice Teachers
- K-12 Classroom Teachers
- District and/or ESC Curriculum Directors
- District and/or ESC/SST Administrators
- University Faculty
- Business Stakeholders
- Community Members
- Other: _____

Number in attendance: _____

Comments:

Thank you for sharing your expertise with COSMOS and the northwest Ohio educational community.